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# County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration  
500 West Temple Street, Room 713, Los Angeles, California 90012  
(213) 974-1101  
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA  
Chief Executive Officer

Board of Supervisors  
GLORIA MOLINA  
First District

MARK RIDLEY-THOMAS  
Second District

ZEV YAROSLAVSKY  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

December 30, 2009

To: Supervisor Gloria Molina, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

From:  William T. Fujioka  
Chief Executive Officer

## STRENGTHENING COUNTY HOMELESS COORDINATION

On November 17, 2009, your Board passed a motion instructing the Chief Executive Office (CEO) with assistance from the Departments of Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS), the Community Development Commission (CDC), and the Los Angeles Homeless Services Authority (LAHSA) to develop recommendations on how to strengthen the CEO's ability to oversee, coordinate and integrate Countywide homeless service delivery so that homeless individuals and families can more successfully find safe and permanent housing and to report back in 30 days with findings and recommendations. In response, this report makes three main recommendations to strengthen the County's homeless strategy: 1) leverage funds to maximize resources; 2) coordinate a regional approach among partners; and 3) address cost avoidance.

### Leverage Funds to Maximize Resources

Your Board requested that the report provide recommendations on how to better leverage existing County funds and better maximize Federal and State dollars to support the ongoing provision of integrated physical and mental health and substance use services for homeless individuals and families, especially within existing and future permanent housing settings. Your Board also instructed us to suggest creative funding methodologies to ensure that homeless efforts can be sustained, including a report back on the feasibility of designating a portion of program funds and contracts for homeless related services and enhanced coordination.

*"To Enrich Lives Through Effective And Caring Service"*

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Intra-County Correspondence Sent Electronically Only**

As reported in our November 6, 2009, Project 500 Feasibility Report update, our office convened and began chairing a sub-workgroup comprised of representatives from the Special Needs Housing Alliance (SNHA) on September 21, 2009 to explore these very issues. Per your Board's instruction, we have now increased participation on the workgroup by including representatives from the departments and agencies mentioned above that had not been participating previously and that have expertise in services for homeless and/or local, State, and Federal funding sources that serve homeless persons. The purpose of this workgroup is to collectively make recommendations regarding the identification of integrated projects, as well as the funding, planning, and implementation of these ideas into results.

Some of these projects include Housing First models that align housing with services. An example of a major resource leveraging effort the workgroup continues working on is the Skid Row Housing Trust's (SRHT) Charles Cobb Apartments (Cobb Apartments) project. As we mentioned in the November 6, 2009 update, SRHT has 74 units at the Cobb Apartments, scheduled to open January 2010. The Housing Authority of the City of Los Angeles has requested permission from the U.S. Department of Housing and Urban Development (HUD) to move the existing Project 50 clients to the Cobb Apartments. The remaining 24 vacancies at the Cobb Apartments would then also be filled with individuals identified as the most vulnerable homeless in Skid Row.

By moving the Project 50 clients to the Cobb Apartments, the County will be able to sustain and expand the program. While DMH has agreed to continue their services to the Project 50 population indefinitely and the Department of Public Health (DPH) has agreed to continue their services to this population through June 2011, additional funding would be needed for health services provided by John Wesley Community Health (JWCH Institute, Inc.). These health costs can be covered by unspent Project 50 resources, resulting in no need for additional net County cost (NCC). If HUD approves the move, the SRHT will let the integrated services team offices move to the Cobb Apartments rent free.

The SRHT has also agreed to leverage a recent Substance Abuse and Mental Health Services Administration (SAMSHA) grant awarded to SRHT to backfill the vacancies created by Project 50 clients by filling those vacancies with chronically homeless individuals and providing services using the SAMHSA grant funding. The SAMHSA grant will fund supportive services in housing for an additional 100 chronically homeless individuals without increasing costs to the County. Additionally, the Cobb Apartments project was in part funded by the Mental Health Service Act (MHSA) Housing Program for capital development for 25 units. These 25 units will be dedicated to the expansion of Project 50, however, all of the clients using the 25 units must meet MHSA eligibility criteria.

In addition, the workgroup is continuing to work with JWCH to determine how to make the Federal Qualified Health Center (FQHC) model self-sustainable. In order to draw down the State and Federal funding, clients need to be Medi-Cal eligible. As the number of clients in a program increases and more clients are Medi-Cal eligible, the FQHC is able to offset its

costs by the higher revenues it generates for every clinic visit. As this is a relatively new design for us, we are making some assumptions as to what the blend of Medi-Cal eligibles needs to be for the program to become self sustaining. We do not have an answer to this question as yet; however, the gap funding needed from NCC continues to be reduced as more participants are enrolled as Medi-Cal clients. In addition, JWCH has applied with the State to increase their billable rate that would generate additional revenue. They expect a decision from the State within the next year.

Another very promising leveraging opportunity was suggested by the DMH representative on the workgroup. The proposal is to leverage services from a MHSA Full Service Partnership (FSP) contractor with a SRHT project at the Carver Hotel located in the downtown area outside of Skid Row. FSPs represent a great opportunity for leveraging resources. Fifty-one percent of MHSA funding is set aside for FSP slots. FSP providers frequently experience difficulty identifying housing for the seriously mentally ill clients they serve. By leveraging the FSP services with the SRHT housing resources, we are maximizing resources to serve this population. DMH is working with the FSP and SRHT to develop a proposal for your Board's consideration.

The DMH in collaboration with CDC is setting aside four Shelter Plus Care certificates awarded to DMH for the West Hollywood replication of Project 50. Currently, one application is in process from this project.

Our office recently met with United Way (UW) who is interested in working with the County and its partners towards increasing permanent supportive housing. The UW, in partnership with the Los Angeles Chamber of Commerce, is co-chairing the Business Leaders Taskforce. This taskforce includes 22 business leaders Countywide. We have invited the UW to join the SNHA. The UW will be presenting at the January 2010 SNHA meeting and at the Homeless Deputy meeting this month to share their vision with your deputies. In addition, representatives from the workgroup have been meeting regularly with representatives from the City of Los Angeles (City) and the philanthropic organizations who are anxious to partner with the County on homeless issues. For example, the Hilton Foundation has identified programs serving chronic vulnerable homeless as one of their funding priorities. The workgroup will continue building its relationship with other public and private partners to identify leveraging opportunities and set a plan of action.

The workgroup is also recommending that your Board consider setting a policy that would either set-aside some portion of appropriate funding sources, prior to the County departmental services going out for competitive bid, and/or incentivize providers to serve this population by awarding extra points to proposals that prioritize services for homeless individuals and families where applicable, and aligning those services with available housing resources. Funding sources that were identified for your consideration include Public Private Partnerships to address health needs, MHSA appropriate or applicable plans to address mental health issues, and substance abuse funding. The workgroup is

developing generic integrated service models and estimated costs to serve special need populations for budget planning purposes. The workgroup also recommends that incentives be identified to increase the pool of developers that are willing to develop special needs and affordable housing units, especially for areas of the County where there is the greatest need.

Another resource opportunity that the workgroup recommends exploring is the potential excess rental funds for project-based, affordable housing units whose construction was funded with either City or County funds. CDC suggested that excess funds be made available for case management activities that may not currently have a funding source to draw down. CDC was a helpful addition to the workgroup as they provided important resource information about the availability of funding that developers receive from various public funding agencies that can be used for "Service Coordinator Costs" activities. The costs for case management activities have been challenging as prior to learning this, no funding source had been identified for those activities.

The City has demonstrated their willingness to work with the County to leverage its housing resources with our services. They recognize that the County needs to be at the table prior to their release of Requests for Proposals for developers of low-income housing units. We agreed that we need to work together to direct those development projects strategically to maximize their housing dollars with our service dollars. We need to know well in advance as to the number and location of units that are being developed. In addition, the City sees the value in the County having a say as to which clients should be housed once the units are completed. This is an opportunity to work together to get our most cost intensive clients off the street and into housing which we know results in cost avoidance.

### **Coordinate a Regional Approach**

Your Board also requested that we recommend ways to strengthen the CEO's ability to coordinate and integrate Countywide homeless services delivery and prioritize services for targeting populations, that addresses the CEO's structural organization as it relates to oversight of homeless issues and whether the current homeless coordinator position should be upgraded or otherwise strengthened. In addition, you asked for an update on efforts to recruit a Countywide Homeless Coordinator.

As partner agencies continue to join the SNHA and work together on specific projects, relationships among agencies will become stronger. Yet, a facilitating body is necessary to bring together agencies to put together a plan of action to link efforts, identify roles, and coordinate decision making. Moreover, if the body helps foster relationships and joins key partners, a single plan of action can represent the vision of an entire region. The plan would build on existing regional infrastructure and lessons learned. For instance, an important lesson learned from the County's Homeless Prevention Initiative (HPI) is the need to better share information to make connections and link various efforts, ranging from

prevention to rapid re-housing. As we make more and better connections by braiding funds, integrating data systems, and having coordinated program entry and referral, a more comprehensive system of care and better service delivery will result. Simply, if we set a shared vision and know what others are doing, then we will know how to make connections to build a more integrated system that meets the multiple needs of clients. Therefore, the SNHA would play a critical role in bringing partners together in order to plan and implement a regional approach to preventing and reducing homelessness.

Regarding efforts to recruit a Coordinator, our office is currently assessing our resources. Furthermore, various HPI programs and the Recovery Act's Homelessness Prevention and Rapid Re-Housing Program focus on preventing homelessness to avoid significant costs. It is the County's intent to build upon these programs that support eviction prevention and pathways towards greater self-sufficiency. More linkages across programs would contribute to systems improvement and result in better outcomes for residents.

### **Address Cost Avoidance**

Your Board also requested that we address the issue of cost avoidance and the impact on new NCC. Specifically, you requested that the impact to new NCC be addressed in terms of the proposed budget in April 2010, to prevent any competition with funding for mandated departmental core services.

Several recent reports have addressed cost avoidance as it relates to housing homeless persons. The Service Integration Branch - Research and Evaluation Services used data presented in the analytical report from its Adult Linkages Project to estimate that the County spends \$4.34 for every one-dollar spent on General Relief (GR) grants. The findings in the LAHSA's commissioned report, *Where We Sleep: Costs When Homeless and Housed in Los Angeles* conducted by the Economic Roundtable, which we submitted to your Board on November 29, 2009, provides you with detailed cost savings yielded through the provision of supportive housing through SRHT. These are major cost avoidance findings based on analyses of administrative records for over 10,000 GR recipients using services provided by the County DHS, DMH, Probation, DPH, DPSS, and the Sheriff. The findings reported show that while the typical public cost for residents in supportive housing is \$605 per month, the typical monthly public cost for a similar chronic homeless person without housing is \$2,897, which is five times higher.

The "*Where We Sleep*" report provides a wealth of information about the public costs incurred by homeless populations served by the County. The report not only showed that there are significant savings when homeless individuals enter and stay in Permanent Supportive Housing, but it also found that the greatest cost savings were achieved by the Skid Row Collaborative and Project 50. This means that future funding for permanent supportive housing should focus on projects that target the most vulnerable and use a "Housing First" approach.

Each Supervisor  
December 30, 2009  
Page 6

Significant progress has been made to develop collaborative working partnerships with multiple public and private agencies and philanthropic organizations. It is the County's intent to work with the SNHA to put together an action plan with a timeline that would continue to align resources, while at the same time not increase NCC and maximize resources to serve homeless individuals and families. As more information becomes available, we will keep your Board apprised and we will provide a status report in 60 days.

If you have any questions, please contact me, or your staff may contact Kathy House at (213) 974-4129 or via e-mail at [khouse@ceo.lacounty.gov](mailto:khouse@ceo.lacounty.gov).

WTF:JW  
KH:VD:hn

c:     Executive Officer, Board of Supervisors  
        Acting County Counsel  
        Sheriff  
        Director of Children and Family Services  
        Director of Community Development Commission  
        Director of Health Services  
        Director of Mental Health  
        Director of Public Health  
        Director of Public Social Services  
        Director, Housing Authority of the City of Los Angeles  
        Director, Skid Row Housing Trust



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WILLIAM T FUJIOKA  
Chief Executive Officer

May 18, 2010

To: Supervisor Gloria Molina, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

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From: William T Fujioka  
Chief Executive Officer

**STRENGTHENING COUNTY HOMELESS COORDINATION – STATUS UPDATE**

On November 17, 2009, your Board passed a motion instructing the Chief Executive Office (CEO) with assistance from the Departments of Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS), Community Development Commission (CDC), and the Los Angeles Homeless Services Authority (LAHSA) to develop recommendations on how to strengthen the CEO's ability to oversee, coordinate and integrate countywide homeless service delivery so that homeless individuals and families can more successfully find safe and permanent housing and to report back in 30 days with findings and recommendations. Our January 4, 2010 response (Attachment I), presented three main recommendations to strengthen the County's homeless strategy: 1) leverage funds to maximize resources; 2) coordinate a regional approach among partners; and 3) address cost avoidance. This status update reports the progress to date.

**Leverage Funds to Maximize Resources**

Your Board requested that the report provide recommendations on how to better leverage existing County funds and better maximize federal and State dollars to support the ongoing provision of integrated physical and mental health and substance use services for homeless individuals and families, especially within existing and future permanent housing settings. Your Board also instructed us to suggest creative funding methodologies to ensure that homeless efforts can be sustained, including a report back on the feasibility of designating a portion of program funds and contracts for homeless related services and enhanced coordination.

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The City of Los Angeles (City) and CDC have demonstrated their willingness to partner with the County to leverage their housing resources with County services. The Special Needs Housing Alliance (SNHA) workgroup team agrees that we need to work strategically to align and maximize the CDC's, the City's and other cities' housing dollars with County services resources. The City and CDC recognize the value of working with the County to determine which clients should be targeted for housing during the design and development phase of housing projects and well in advance of project completion. This presents an opportunity to work together to get our most cost intensive clients off the streets and out of shelters and into permanent housing with supportive services, which we know results in significant cost avoidance. In addition to the collaborative efforts to permanently house homeless individuals and families, the importance of identifying and coordinating existing resources to meet the service needs of formerly homeless individuals and families living in permanent housing cannot be understated. If service departments were able to align service delivery programs with housing or identify funding through carve-outs or incentives for future funding to meet the service needs of persons in permanent supportive housing, we would be more successful at maximizing and leveraging resources.

The January 4, 2010 report informed you that we were working in partnership with the Skid Row Housing Trust (SRHT) on the Charles Cobb Apartments (Cobb Apartments) project. The Cobb Apartments represents another example of leveraging County resources as this project received \$2.5 million of DMH's Mental Health Services Act (MHSA) Housing Program funding for capital development. In exchange for the investment of MHSA Housing Program funds, SRHT has set aside 25 of the 76 units for MHSA eligible clients. Our workgroup, with the assistance of the Housing Authority of the City of Los Angeles, requested permission from the U.S. Department of Housing and Urban Development (HUD) to move the existing Project 50 clients to the Cobb Apartments. We are pleased to report that HUD approved our waiver request and that the team successfully moved all but four of the Project 50 clients into the Cobb Apartments. In collaboration with DMH, the remaining 25 MHSA funded units at the Cobb Apartments will be filled with individuals who are chronically homeless, mentally ill and are identified as some of the most vulnerable homeless in Skid Row.

DMH has agreed to continue their services to the existing Project 50 population, plus the additional 25 clients indefinitely and the Department of Public Health (DPH) has agreed to continue their services to the expanded population through June 2011. The Project 50 team was also able to secure the integrated team's health services by extending the agreement with the John Wesley Community Health (JWCH Institute, Inc.) through March 31, 2011 by redirecting unspent Project 50 funding at no additional costs. Although the SRHT is providing in-kind space for the Service Integration Team, we are still trying to work out the details regarding the parking expense. The Team will be moving into the Cobb Apartments the first week in June.

The CDC has a long partnership with DMH and has successfully linked its housing dollars with capital and service dollars available through DMH. Three successful housing developments located on the grounds of the Metropolitan State Hospital in Norwalk incorporate transitional and permanent housing for chronically homeless mentally ill. In addition to the funds referenced above, the Housing Authority of the County of Los Angeles (HACoLA) was successful in applying for and receiving an allocation of Shelter Plus Care vouchers for a number of the permanent units. This model was one of the first of its kind, and could be replicated with identified service funds linked to capital housing dollars anywhere in the County.

As we reported earlier, the SRHT is leveraging a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to backfill the vacancies created by Project 50 clients by filling those vacancies with chronically homeless individuals and providing services using the SAMHSA grant funding. The SAMHSA grant will fund supportive services in housing for an additional 100 chronically homeless individuals without increasing costs to the County.

The workgroup continues its efforts to determine how to make the Federally Qualified Health Center (FQHC) model self-sustainable. Casa Dominguez, a 70-unit permanent affordable rental housing development located in the unincorporated area of the Second District, incorporates capital funding from the CDC, the Homeless Prevention Initiative (HPI) and Low-Income Housing Tax Credits. The development includes a set-aside for formerly homeless Emancipated Foster Youth, a FQHC on site, along with child care and a family resource center. HACoLA Project Based Section 8 vouchers have been allocated to the project. Casa Dominguez is one example of leveraging and integrating new and existing resources to house both low-income and homeless families and individuals.

In addition, the workgroup is working with the Director (John Viernes) of DPH's Substance Abuse Prevention and Control (SAPC) to explore the possibility of developing a plan to draw down Drug Medi-Cal revenue. Representatives from DHS (Libby Boyce) and DMH (Mary Marx) presented at the quarterly SAPC Town Hall meeting with providers to discuss the integrated service delivery model and the potential to draw down additional Medi-Cal revenue.

The proposal to leverage services from a MHSA Full Service Partnership (FSP) contractor with a SRHT project at the Carver Hotel located in the downtown area outside of Skid Row is moving forward. A DMH contracted FSP provider is working collaboratively with SRHT to identify and enroll individuals in need of intensive mental health services at the Carver Hotel. This joint project which connects the housing with the FSP services is a perfect example of improved coordination and alignment of housing resources and services to serve chronically homeless persons.

Another example of leveraging funds is your Board's allocation of \$20 million in County General Funds as part of HPI to create a revolving loan fund to develop housing for homeless persons and those at risk of homelessness. The Low Income Investment Fund, Century Housing, and the Corporation for Supportive Housing partnered with the CDC and created the Los Angeles County Housing Innovation Fund (LACHIF). The Board's \$20 million has been leveraged with private funds to reach a total fund amount of \$60 million. The LACHIF provides short-term acquisition and predevelopment financing. The fund has closed one loan with Abode Communities for \$3.7 million for the acquisition of a 46-unit apartment building that will provide senior affordable housing.

### **Coordinate a Regional Approach**

Your Board also requested that we recommend ways to strengthen the CEO's ability to coordinate and integrate countywide homeless services delivery and prioritize services for target populations that address the CEO's structural organization as it relates to oversight of homeless issues and whether the current Homeless Coordinator position should be upgraded or otherwise strengthened. In addition, you asked for an update on efforts to recruit a Countywide Homeless Coordinator (Coordinator).

We recognize the importance of the Coordinator's position to strengthen the coordination and integration of services targeting the homeless population. In response, our Office is recruiting to hire the Coordinator. A Career Opportunities bulletin was released and resumes were due April 30, 2010. Interviews will be conducted this week and we expect to fill the Coordinator position within the next 30 days.

In an attempt to begin the coordination of a regional approach, the workgroup is continuing to work with the City and the CDC to develop a coordinated plan to leverage its housing resources with County services. If we are successful at developing a blueprint of a Memorandum of Understanding to align housing resources for service resources with the City, we will be able to use this as a model to begin the work with other cities that are interested in working with the County and want to bring their housing resources to the table. As we reported in our last report, the City and the CDC recognize that the County needs to be at the table prior to their release of Requests for Proposals for developers of low-income housing units. In addition, the City and the CDC have agreed that the County needs to have input in determining which clients are housed in units supported by County service resources.

The CDC will be holding small focus groups over the next few months that will include the housing development community, service providers, jurisdictional representatives, County departments and foundations to discuss this realignment.

In addition, the workgroup, with input from all the SNHA members, has worked to refine the role of the SNHA. The draft document outlines the purpose, composition, goals, functions

and guiding principles (Attachment II). Moreover, the purpose, scope of activities, and the composition of the Project Review Committee are more clearly defined. The final draft document will be shared at the next SNHA for their concurrence and then it will be submitted to your Board for approval

In our December update, we informed you about the efforts of United Way and the Los Angeles Chamber of Commerce Business Leaders Taskforce (Taskforce). Representatives from the Taskforce visited Washington and met with HUD as well as Congressional offices to push for revising the McKinney-Vento funding formula that severely disadvantages the County. If the Taskforce is successful in getting the 30-year-old formula changed, it will go a long way towards ensuring the County receives its fair share of federal funding. The United Way recently briefed your Homeless Deputies regarding this effort.

A group of philanthropic organizations that support homeless services in Los Angeles County is currently working on a plan to assemble and align philanthropic funding to leverage the County's investment in supportive services and permanent supportive housing throughout the County. Through inter-jurisdictional agreements with local municipalities, the County could access these private dollars and create new supportive housing units to end homelessness among our heaviest and most expensive users of County funded services.

#### **Address Cost Avoidance**

Your Board also requested that we address the issue of cost avoidance and the impact on new net County cost (NCC). Specifically, you requested that the impact to new NCC be addressed in terms of the proposed budget in April 2010, to prevent any competition with funding for mandated departmental core services. As a result of the economic downturn, it is clear that any recommendations that are brought to your Board for consideration must be within existing resources. The 2010-11 Proposed Budget does not include any additional funding specific to changes to homeless services.

In our previous report, we reported on several cost avoidance reports and studies related to serving homeless persons. Those reports include the Service Integration Branch (SIB) - Research and Evaluation Services Adult Linkages Project and LAHSA's commissioned report, *Where We Sleep: Costs When Homeless and Housed in Los Angeles* conducted by the Economic Roundtable. The SIB cost avoidance analysis is scheduled to be completed by June 2011. The research to date makes clear that housing the homeless results in cost savings.

In these difficult economic times, even more individuals and families are in danger of homelessness. The unemployment rate and increased General Relief caseloads are clear evidence of that. It is now more critical than ever to work towards better coordination and alignment of the dwindling resources available to help serve this population. Although it has been a slow process, we are optimistic that we are moving in the right direction to accomplish this goal. We will need additional time to work with the Homeless Coordinator,

Each Supervisor  
May 18, 2010  
Page 6

once on board, and the SNHA to develop the recommendations that you have requested for your consideration. We will keep you apprised of this effort.

If you have any questions, please contact me, or your staff may contact Kathy House at (213) 974-4530 or via e-mail at [khhouse@ceo.lacounty.gov](mailto:khhouse@ceo.lacounty.gov).

WTF:BC:KH  
ljp

#### Attachments

c: Executive Office, Board of Supervisors  
County Counsel  
Sheriff  
Children and Family Services  
Community Development Commission  
Health Services  
Mental Health  
Public Health  
Public Social Services  
Housing Authority of the City of Los Angeles  
Los Angeles Homeless Services Authority  
Los Angeles Housing Department  
Skid Row Housing Trust





WILLIAM T FUJIOKA  
Chief Executive Officer

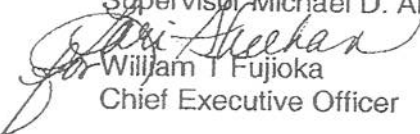
## County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration  
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REVISED

January 4, 2010

To: Supervisor Gloria Molina, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

From:   
William T. Fujioka  
Chief Executive Officer

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By moving the Project 50 clients to the Cobb Apartments, the County will be able to sustain and expand the program. While DMH has agreed to continue their services to the Project 50 population indefinitely and the Department of Public Health (DPH) has agreed to continue their services to this population through June 2011, additional funding would be needed for health services provided by John Wesley Community Health (JWCH Institute, Inc.). These health costs can be covered by unspent Project 50 resources, resulting in no need for additional net County cost (NCC). If HUD approves the move, the SRHT will let the integrated services team offices move to the Cobb Apartments rent free.

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In addition, the workgroup is continuing to work with JWCH to determine how to make the Federal Qualified Health Center (FQHC) model self-sustainable. In order to draw down the State and Federal funding, clients need to be Medi-Cal eligible. As the number of clients in a program increases and more clients are Medi-Cal eligible, the FQHC is able to offset its

costs by the higher revenues it generates for every clinic visit. As this is a relatively new design for us, we are making some assumptions as to what the blend of Medi-Cal eligibles needs to be for the program to become self sustaining. We do not have an answer to this question as yet; however, the gap funding needed from NCC continues to be reduced as more participants are enrolled as Medi-Cal clients. In addition, JWCH has applied with the State to increase their billable rate that would generate additional revenue. They expect a decision from the State within the next year.

Another very promising leveraging opportunity was suggested by the DMH representative on the workgroup. The proposal is to leverage services from a MHSA Full Service Partnership (FSP) contractor with a SRHT project at the Carver Hotel located in the downtown area outside of Skid Row. FSPs represent a great opportunity for leveraging resources. Fifty-one percent of MHSA funding is set aside for FSP slots. FSP providers frequently experience difficulty identifying housing for the seriously mentally ill clients they serve. By leveraging the FSP services with the SRHT housing resources, we are maximizing resources to serve this population. DMH is working with the FSP and SRHT to develop a proposal for your Board's consideration.

The DMH in collaboration with CDC is setting aside four Shelter Plus Care certificates awarded to DMH for the West Hollywood replication of Project 50. Currently, one application is in process from this project.

Our office recently met with United Way (UW) who is interested in working with the County and its partners towards increasing permanent supportive housing. The UW, in partnership with the Los Angeles Chamber of Commerce, is co-chairing the Business Leaders Taskforce. This taskforce includes 22 business leaders Countywide. We have invited the UW to join the SNHA. The UW will be presenting at the January 2010 SNHA meeting and at the Homeless Deputy meeting this month to share their vision with your deputies. In addition, representatives from the workgroup have been meeting regularly with representatives from the City of Los Angeles (City) and the philanthropic organizations who are anxious to partner with the County on homeless issues. For example, the Hilton Foundation has identified programs serving chronic vulnerable homeless as one of their funding priorities. The workgroup will continue building its relationship with other public and private partners to identify leveraging opportunities and set a plan of action.

The workgroup is also recommending that your Board consider setting a policy that would either set-aside some portion of appropriate funding sources, prior to the County departmental services going out for competitive bid, and/or incentivize providers to serve this population by awarding extra points to proposals that prioritize services for homeless individuals and families where applicable, and aligning those services with available housing resources. Funding sources that were identified for your consideration include Public Private Partnerships to address health needs, MHSA appropriate or applicable plans to address mental health issues, and substance abuse funding. The workgroup is



developing generic integrated service models and estimated costs to serve special need populations for budget planning purposes. The workgroup also recommends that incentives be identified to increase the pool of developers that are willing to develop special needs and affordable housing units, especially for areas of the County where there is the greatest need.

Another resource opportunity that the workgroup recommends exploring is the potential excess rental funds for project-based, affordable housing units whose construction was funded with either City or County funds. CDC suggested that excess funds be made available for case management activities that may not currently have a funding source to draw down. CDC was a helpful addition to the workgroup as they provided important resource information about the availability of funding that developers receive from various public funding agencies that can be used for "Service Coordinator Costs" activities. The costs for case management activities have been challenging as prior to learning this, no funding source had been identified for those activities.

The City has demonstrated their willingness to work with the County to leverage its housing resources with our services. They recognize that the County needs to be at the table prior to their release of Requests for Proposals for developers of low-income housing units. We agreed that we need to work together to direct those development projects strategically to maximize their housing dollars with our service dollars. We need to know well in advance as to the number and location of units that are being developed. In addition, the City sees the value in the County having a say as to which clients should be housed once the units are completed. This is an opportunity to work together to get our most cost intensive clients off the street and into housing which we know results in cost avoidance.

### **Coordinate a Regional Approach**

Your Board also requested that we recommend ways to strengthen the CEO's ability to coordinate and integrate Countywide homeless services delivery and prioritize services for targeting populations, that addresses the CEO's structural organization as it relates to oversight of homeless issues and whether the current homeless coordinator position should be upgraded or otherwise strengthened. In addition, you asked for an update on efforts to recruit a Countywide Homeless Coordinator.

As partner agencies continue to join the SNHA and work together on specific projects, relationships among agencies will become stronger. Yet, a facilitating body is necessary to bring together agencies to put together a plan of action to link efforts, identify roles, and coordinate decision making. Moreover, if the body helps foster relationships and joins key partners, a single plan of action can represent the vision of an entire region. The plan would build on existing regional infrastructure and lessons learned. For instance, an important lesson learned from the County's Homeless Prevention Initiative (HPI) is the need to better share information to make connections and link various efforts, ranging from

prevention to rapid re-housing. As we make more and better connections by braiding funds, integrating data systems, and having coordinated program entry and referral, a more comprehensive system of care and better service delivery will result. Simply, if we set a shared vision and know what others are doing, then we will know how to make connections to build a more integrated system that meets the multiple needs of clients. Therefore, the SNHA would play a critical role in bringing partners together in order to plan and implement a regional approach to preventing and reducing homelessness.

Regarding efforts to recruit a Coordinator, our office is currently assessing our resources. Furthermore, various HPI programs and the Recovery Act's Homelessness Prevention and Rapid Re-Housing Program focus on preventing homelessness to avoid significant costs. It is the County's intent to build upon these programs that support eviction prevention and pathways towards greater self-sufficiency. More linkages across programs would contribute to systems improvement and result in better outcomes for residents.

#### **Address Cost Avoidance**

Your Board also requested that we address the issue of cost avoidance and the impact on new NCC. Specifically, you requested that the impact to new NCC be addressed in terms of the proposed budget in April 2010, to prevent any competition with funding for mandated departmental core services.

Several recent reports have addressed cost avoidance as it relates to housing homeless persons. The Service Integration Branch - Research and Evaluation Services used data presented in the analytical report from its Adult Linkages Project to estimate that the County spends \$4.34 for every one-dollar spent on General Relief (GR) grants. The findings in the LAHSA's commissioned report, *Where We Sleep: Costs When Homeless and Housed in Los Angeles* conducted by the Economic Roundtable, which we submitted to your Board on November 29, 2009, provides you with detailed cost savings yielded through the provision of supportive housing through SRHT. These are major cost avoidance findings based on analyses of administrative records for over 10,000 GR recipients using services provided by the County DHS, DMH, Probation, DPH, DPSS, and the Sheriff. The findings reported show that while the typical public cost for residents in supportive housing is \$605 per month, the typical monthly public cost for a similar chronic homeless person without housing is \$2,897, which is five times higher.

The "*Where We Sleep*" report provides a wealth of information about the public costs incurred by homeless populations served by the County. The report not only showed that there are significant savings when homeless individuals enter and stay in Permanent Supportive Housing, but it also found that the greatest cost savings were achieved by the Skid Row Collaborative and Project 50. This means that future funding for permanent supportive housing should focus on projects that target the most vulnerable and use a "Housing First" approach.

Each Supervisor  
January 4, 2010  
Page 6

Significant progress has been made to develop collaborative working partnerships with multiple public and private agencies and philanthropic organizations. It is the County's intent to work with the SNHA to put together an action plan with a timeline that would continue to align resources, while at the same time not increase NCC and maximize resources to serve homeless individuals and families. As more information becomes available, we will keep your Board apprised and we will provide a status report in 60 days.

If you have any questions, please contact me, or your staff may contact Kathy House at (213) 974-4129 or via e-mail at [khhouse@ceo.lacounty.gov](mailto:khhouse@ceo.lacounty.gov).

WTF:JW  
KH:VD:hn

c:     Executive Officer, Board of Supervisors  
       Acting County Counsel  
       Sheriff  
       Director of Children and Family Services  
       Director of Community Development Commission  
       Director of Health Services  
       Director of Mental Health  
       Director of Public Health  
       Director of Public Social Services  
       Director, Housing Authority of the City of Los Angeles  
       Director, Los Angeles Homeless Services Authority  
       Director, Skid Row Housing Trust

**Los Angeles County  
Housing Alliance (Alliance)  
Purpose, Composition, Goals, Functions and Guiding Principles**

DRAFT

**PURPOSE OF THE HOUSING ALLIANCE (ALLIANCE)**

The Alliance provides an ongoing forum for County departments, cities, community-based development agencies, funders/foundations and other stakeholders to coordinate resources and develop and implement projects that address the unique housing and supportive service needs of homeless individuals and families in Los Angeles County. The Alliance serves as a conduit and catalyst to unite housing and supportive services and to proactively secure resources for the development and maintenance of such housing.

Since the initiation of the Alliance in 2003, there have been many efforts to coordinate and align County resources and initiatives to increase the number of housing units and corresponding supportive services to better and more effectively address the needs of individuals and families that are homeless in Los Angeles County. These efforts have included many stakeholders, including the membership of the Alliance.

Consequently, the Alliance members have learned much about how to support the development of special needs housing and identify best practices and methodologies to pursue supportive services to align with housing. Over the past seven years the Alliance has developed expertise in the area of special needs housing development and has evolved into a more focused body with membership beyond County Departments. Thus, we have revised our purpose, composition, goals and functions and have added guiding principles.

**ALLIANCE'S GUIDING PRINCIPLES AND STRATEGIES**

1. *Guiding Principle:* The development and implementation of permanent housing with supportive services has proven to be an effective intervention and must be expanded as part of the local efforts to end homelessness.

*Strategy:* Los Angeles County will prioritize permanent housing that provides access to integrated supportive services, addressing at a minimum, physical health, mental health, and substance abuse services.

2. *Guiding Principle:* Scarce public and private dollars must be utilized effectively and in coordination to maximize outcomes for ending homelessness.

*Strategy:* Los Angeles County will facilitate partnerships between County departments, cities within the County, potential funders, housing developers/providers, and supportive services providers to maximize funding and cost-avoidance opportunities and obtain other resources to promote the development and sustainability of permanent housing with supportive services and other cost-avoidance opportunities.

3. *Guiding Principle:* Elimination of administrative barriers is a key to developing an effective and efficient system for all stakeholders in ending homelessness.

*Strategy:* Los Angeles County will reduce administrative barriers that agencies, organizations, and the people we serve encounter to develop, implement, and secure permanent housing with supportive services.

4. *Guiding Principle:* Homelessness is a county-wide issue and homeless individuals and families should be able to live in the community of their choice.

*Strategy:* Los Angeles County will support efforts to site permanent housing with supportive services in all areas of the county and will assist in efforts to garner public support.

## **MEMBERSHIP**

1. The Los Angeles County Chief Executive Office (CEO) and Community Development Commission (CDC) will share the role of chairing the Alliance. In addition to the CEO and CDC, the Alliance shall be comprised of representatives from the following entities:

### County Departments

- Community and Senior Services;
- Children and Family Services;
- Health Services;
- Mental Health;
- Probation;
- Public Social Services;
- Public Health;
- Regional Planning;
- The Sheriff's Department;

### City Housing Departments, Redevelopment Agencies and Housing Authorities

- Los Angeles;
- Pasadena;
- Glendale;
- Long Beach;
- Santa Monica;

### Other Critical Stakeholders

- Los Angeles Homeless Services Authority;
- Funders/Foundations

Other cities, community-based development agencies, philanthropic organizations, or other subject area experts will be invited to Alliance meetings on an as needed basis.

### Membership Commitments

1. Each organization listed above will assure representation on the Alliance by management staff with access to agency decision makers with the ability to commit available resources to implement policy decisions and projects.
2. The Alliance will establish a leadership group including representatives from CEO, SIB, CDC, DHS, DMH, and DPH. This leadership group will update the Homeless and Housing Deputies on Alliance activities on an annual basis, or as needed/requested.
3. Alliance members must commit to attend quarterly meetings and ad-hoc meetings when immediate issues arise that require the Alliance's attention prior to the next scheduled quarterly meeting.
4. Each member of the Alliance will be responsible for providing information to the Alliance membership regarding the availability of capital, operational and supportive services resources for housing through their department/agency for homeless individuals and families, as well as the timing, discretion, and process for accessing such resources.

#### **ALLIANCE FUNCTIONS (RESPONSIBILITIES)**

1. Establish and operate a subcommittee entitled the Project Review Committee (PRC), which is highlighted in Exhibit A.
2. Review PRC activity that has occurred during the quarter.
3. Review of any policy and/or legislative matters related to housing for homeless individuals and families.
4. Provide information for any updates, reports, and responses to requests for information from the Board of Supervisors as needed.
5. Increase the visibility of special needs housing among County departments and the Board of Supervisors.
6. Develop annual policy and funding recommendations to the Board of Supervisors.
7. Coordinate and/or integrate cross-departmental/agency resources to address housing and supportive service needs of homeless/special needs populations.
8. Identify potential opportunities for public-private funding partnerships.
9. Act in an advisory capacity to the Housing Resource Center.

## **Project Review Committee (PRC)**

### **Purpose of the PRC**

The purpose of the PRC, a working subcommittee of the Alliance, is to assist housing developers/providers with identifying and coordinating resources in support of existing and new housing programs for homeless individuals and families.

### **Scope of Activities**

1. Provide housing developers/providers with an opportunity to present their projects related to homeless individuals and families and receive feedback and/or assistance in identifying potential resources from a team of experts in the area of housing and supportive services.
2. Provide developers/providers with a County contact (the lead County Department), who will access other departments/agencies, as needed.
3. Provide a mechanism for supporting community engagement, which may include community organizing activities as needed.
4. Provide technical assistance to other jurisdictions within the County to develop and sustain housing with supportive services for individuals and families that are homeless.
5. Provide quarterly status reports to the Alliance about the work of the PRC.

### **Composition of the PRC**

- A core group of Alliance members who can represent their organizations and offer expertise on housing with supportive services for homeless individuals and families;
- Individuals that can obtain County departmental/agency resources & funding commitments;
- Other Alliance members, cities, funders/foundations, and subject matter experts, as needed. The agenda of projects will determine the organizations invited to supplement the core membership each month





## County of Los Angeles CHIEF EXECUTIVE OFFICE

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WILLIAM T FUJIOKA  
Chief Executive Officer

Board of Supervisors  
GLORIA MOLINA  
First District

MARK RIDLEY-THOMAS  
Second District

ZEV YAROSLAVSKY  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

December 3, 2010

To: Supervisor Gloria Molina, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

From: William T Fujioka  
Chief Executive Officer

A handwritten signature in black ink, appearing to be "W. T. Fujioka", is written over the printed name and title.

### **STRENGTHENING COUNTY HOMELESS COORDINATION – STATUS UPDATE**

On November 17, 2009, your Board instructed the Chief Executive Office (CEO) with assistance from the Departments of Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS), Community Development Commission (CDC), and the Los Angeles Homeless Services Authority (LAHSA) to develop recommendations on how to strengthen the CEO's ability to oversee, coordinate and integrate Countywide homeless service delivery so that homeless individuals and families can more successfully find safe and permanent housing and to report back in 30 days with findings and recommendations. Our December 30, 2009 response (Attachment I), presented three main recommendations to strengthen the County's homeless strategy: 1) leverage funds to maximize resources; 2) coordinate a regional approach among partners; and 3) address cost avoidance. This status update reports the progress to date and also discusses some of the federal policy and planning implications that are currently impacting homeless funding and corresponding activities.

#### **Leverage Funds to Maximize Resources**

Staff of the Service Integration Branch (SIB), DHS, and DMH in partnership with LAHSA and Corporation for Supportive Housing continues to work with the City of Los Angeles (City) Housing Department and CDC to develop strategies to leverage housing resources with County services. The Special Needs Housing Alliance members have initiated measures to strategically align and maximize the CDC's, City's and other cities' housing resources with County and other services by conducting Project Review

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Committee (PRC) meetings. These meetings provide the opportunity for housing providers and developers to present housing projects in their pipeline and to receive technical assistance from staff of County departments and appropriate City agencies. While the PRC meetings allow opportunities for housing providers and developers to have better access to existing services resources, potential collaborations and partnerships for integrated services, the PRC meetings also allow our County departments to hear of new housing for their particular target populations. There are opportunities for County departments to offer services for the residents in exchange for securing housing for their target population(s).

Based on what was learned by Project 50 and other permanent housing projects that have been implemented in the past few years, our CEO homeless coordinator and key staff of multiple County departments have been meeting with various community leaders and non-profit groups to help them develop the local infrastructures for providing integrated services to meet the needs of homeless both within their clinics and in housing programs. In addition, due to much of this work and with reports such as the Adult Linkages Project (ALP), we have learned that we must determine which clients should be targeted for housing during the design and development phase of housing projects and what services would be best suited to meet the needs of the target population. This presents opportunities to work with the City, CDC, and other community partners to get our most cost intensive clients off the streets and out of shelters and into permanent housing with supportive services. This we know results in significant cost avoidance. In an effort to align our service resources with permanent housing resources, staff is in discussion with City and CDC about establishing a Memorandum of Understanding for how alignment could be structured within this jurisdiction. Any agreements would be brought to your Board for consideration.

DMH has significantly contributed to the number of permanent supportive housing units being developed in Los Angeles County with large commitments from Mental Health Services Act (MHSA) funding to develop new housing and provide services to the homeless individuals with serious mental illness and their families who move into the housing units. As of November 4, 2010, DMH has committed approximately \$112 million of MHSA Housing Program funds for capital development and operating subsidies for the development of 716 units of permanent supportive housing for individuals with serious mental illness and their families. DMH has also committed to provide mental health services to the tenants of the units developed through the MHSA Housing Program. With the MHSA Housing Program commitments, DMH is leveraging approximately \$408 million or 4:1 ratio for the development of new permanent supportive housing in Los Angeles County.

In addition, our office has met with the executive team of the Department of Public Health's Substance Abuse Prevention and Control to explore the alignment of MHSA and other resources with a portion of their substance abuse treatment block grant funding to target homeless populations. The current permanent supportive housing pipeline includes approximately 300 units targeting chronically homeless individuals that include a commitment for MHSA services. Most of these units will begin leasing in late 2011, early 2012. The goal is that integrated substance abuse and mental health services will be made available for these 300 permanent supportive housing units to ensure that our most vulnerable and chronically homeless, mentally ill and frequent users of emergency services can be housed and stabilized. This arrangement would provide us with a template for future leveraging and alignment of housing and service resources. The potential for carve-outs or incentives for physical health, mental health and substance abuse treatment allows us to use existing mainstream systems of care to meet the service needs of persons in permanent supportive housing.

Efforts to partner Federally Qualified Health Centers (FQHCs), DMH certified mental health providers and substance abuse service providers throughout the County and align providers with housing opportunities have been productive. These collaborative partnerships are intended to provide the infrastructure for sustainable integrated supportive services in a variety of housing options. Integrated health and mental health partnerships that have been implemented or are in the process of development include San Fernando Valley Community Mental Health Center and Northeast Valley Health Corporation; Community Health Alliance of Pasadena and Pacific Clinics; JWCH Institute Inc., (JWCH) with Rio Hondo Mental Health Center; LA Christian Health Centers in collaboration with Gateways Hospital and Mental Health Center, Inc., Telecare Corporation (Telecare), Anne Sippi Clinic, and Special Services for Groups Institutions for Mental Disease (IMD) Step-down Programs and Full Service Partnerships; and the California Department of Corrections and Rehabilitation and Telecare's State prison re-entry program entitled LA CORE. Additionally, other integrated supportive service models aligned with permanent housing programs utilizing various streams of funding and leveraging opportunities include the Carver Hotel partnership with JWCH, Telecare, and Skid Row Housing Trust; San West, a development of A Community of Friends, in collaboration with SSG and T.H.E. Clinic; Casa Dominquez, a development of Abode Communities, in partnership with St. John's Health Clinics and United Friends of the Children; and JWCH and Mini 12 Step Program. A significant benefit of these collaborative partnerships is the emphasis on FQHCs and the integrated physical health, mental health, and substance abuse services that are envisioned for Health Care Reform.

Another opportunity for leveraging funding is the DMH MHSI Innovations Plan, which includes two models aimed at integrating physical health, mental health and substance abuse services that will greatly impact the care of homeless individuals with mental illness and families. The Clinic Model supports mental health and substance abuse services being offered within primary health care settings. The Mobile Health Teams for homeless will offer an integrated team to target street-based and shelter based homeless to obtain permanent housing and to continue providing the mobile support services until individuals are able to transition to other mainstream community based service providers. Requests for Services for the Innovations clinic Model and Mobile Health Teams should be released by DMH within the next few months. The County's Homelessness Prevention and Rapid Re-Housing Program (HPRP) began on October 1, 2009, and is administered by the CDC, as of August 31, 2010. The HPRP, which serves the recently homeless or those at risk of becoming homeless, has provided 542 households with assistance. CDC has also agreed to include individuals and families who are on CalWORKs or on General Relief as long as they are not receiving rental assistance elsewhere. Although HPRP does not target the chronically homeless, this expansion should prevent many individuals and families from becoming chronically homeless in the future.

### **Coordinate a Regional Approach**

On July 16, 2010, our office hired Elizabeth Boyce as the new homeless coordinator. Ms. Boyce had been the homeless coordinator for DHS since 2004 and consequently brings much experience to her new position. She has been a vital member of various homeless workgroups and efforts to mobilize resources for homeless individuals and families. She implemented a community wide strategic planning process in 2005 that culminated in the formation of United Homeless Healthcare Partners. In addition, Ms. Boyce has been central in working with County departmental representatives to identify existing service providers and to encourage the partnerships described above. Ms. Boyce was selected by the United States Interagency Council on Homelessness (USICH) to participate in a discussion on October 21, 2010, at the Center for Medicaid and Medicare in Baltimore on how communities are providing integrated service models within permanent supportive housing venues. There were eight individuals invited to this forum. Ms. Boyce represented the County and was selected because the County is recognized for our leadership in leveraging mainstream systems of care to provide integrated services for chronically homeless.

In our May update, we informed you of the United Way and the Los Angeles Chamber of Commerce Business Leaders Taskforce (Taskforce) on Homelessness. On November 9, 2010, the Taskforce released an action plan for ending chronic and veteran homelessness in the County entitled "Home for Good." This plan includes business leaders, philanthropic, governmental, and non-profits as responsible entities

for the implementation of the plan. The recommendations that most impact the County are as follows: prioritization be given to the most vulnerable and costly chronically homeless individuals; support of the creation of supportive housing in every community; establishment of Memorandums of Understanding between local cities and the County to dedicate and align funds for permanent supportive housing. Specifically, the plan requests that the County "identify and allocate a portion of existing Departmental funding streams for mental health, health, and substance abuse services in permanent supportive housing."

In addition, the Taskforce continues to pursue getting the 30-year-old McKinney-Vento funding formula changed, which will help ensure the County receives its fair share of federal U.S. Department of Housing and Urban Development funding. A decision on this change must be made by spring 2011.

#### **Address Cost Avoidance**

In our previous update, we reported that our Research and Evaluation Services ALP cost avoidance analysis is scheduled to be completed by June 2011. In addition, it is anticipated that the Project 50 cost analysis is scheduled to be completed in winter 2011. The national and local research to date makes clear that providing permanent housing with needed supportive services to the chronically homeless results in significant cost avoidance.

Due to difficult economic times, even more individuals and families are in danger of homelessness. It is now more critical than ever to find efficiencies and to better coordinate and align our existing and reduced resources to help serve this population. We have made much progress towards building regional infrastructures for developing/increasing housing solutions for homeless. One very encouraging sign that we are moving in the right direction despite the poor economy is that the CDC received double the number of proposals for new housing developments during their recent Notice of Funding Availability as was submitted last year. This is likely due to the increased focus that County departments, CDC and LAHSA have given to aligning County and community-based services with permanent housing opportunities.

Finally, this past spring, the USICH released "Opening Doors, the Federal Strategic Plan to Prevent and End Homelessness." This plan identifies the following objectives: 1) increase leadership, collaboration, and civic engagement; 2) increase access to stable affordable housing; 3) increase economic security; 4) improve health and stability; and 5) retool the homeless crisis response system. In review of all of the activities described within this update, under your Board's leadership, it is clear that Los Angeles County is certainly on the right track.

Each Supervisor  
December 3, 2010  
Page 6

Please note that since many of the one-time Homeless Prevention Initiative (HPI) programs are wrapping up, staff will no longer be preparing HPI quarterly reports. Instead, we plan to provide updates on HPI activities within this Strengthening County Homeless Coordination Initiative.

If you have any questions, please contact me or your staff may contact Kathy House at (213) 974-4530 or via e-mail at [khouse@ceo.lacounty.gov](mailto:khouse@ceo.lacounty.gov).

WTF:KH  
EB:am

Attachment

c: Executive Office, Board of Supervisors  
County Counsel  
Sheriff  
Children and Family Services  
Community Development Commission  
Health Services  
Mental Health  
Public Health  
Public Social Services  
Housing Authority of the City of Los Angeles  
Los Angeles Homeless Services Authority  
Los Angeles Housing Department  
Skid Row Housing Trust

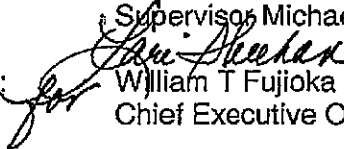


WILLIAM T FUJIOKA  
Chief Executive Officer

## County of Los Angeles CHIEF EXECUTIVE OFFICE

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December 30, 2009

To: Supervisor Gloria Molina, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich  
From:  William T Fujioka  
Chief Executive Officer

Board of Supervisors  
GLORIA MOLINA  
First District  
MARK RIDLEY-THOMAS  
Second District  
ZEV YAROSLAVSKY  
Third District  
DON KNABE  
Fourth District  
MICHAEL D. ANTONOVICH  
Fifth District

### STRENGTHENING COUNTY HOMELESS COORDINATION

On November 17, 2009, your Board passed a motion instructing the Chief Executive Office (CEO) with assistance from the Departments of Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS), the Community Development Commission (CDC), and the Los Angeles Homeless Services Authority (LAHSA) to develop recommendations on how to strengthen the CEO's ability to oversee, coordinate and integrate Countywide homeless service delivery so that homeless individuals and families can more successfully find safe and permanent housing and to report back in 30 days with findings and recommendations. In response, this report makes three main recommendations to strengthen the County's homeless strategy: 1) leverage funds to maximize resources; 2) coordinate a regional approach among partners; and 3) address cost avoidance.

#### Leverage Funds to Maximize Resources

Your Board requested that the report provide recommendations on how to better leverage existing County funds and better maximize Federal and State dollars to support the ongoing provision of integrated physical and mental health and substance use services for homeless individuals and families, especially within existing and future permanent housing settings. Your Board also instructed us to suggest creative funding methodologies to ensure that homeless efforts can be sustained, including a report back on the feasibility of designating a portion of program funds and contracts for homeless related services and enhanced coordination.

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As reported in our November 6, 2009, Project 500 Feasibility Report update, our office convened and began chairing a sub-workgroup comprised of representatives from the Special Needs Housing Alliance (SNHA) on September 21, 2009 to explore these very issues. Per your Board's instruction, we have now increased participation on the workgroup by including representatives from the departments and agencies mentioned above that had not been participating previously and that have expertise in services for homeless and/or local, State, and Federal funding sources that serve homeless persons. The purpose of this workgroup is to collectively make recommendations regarding the identification of integrated projects, as well as the funding, planning, and implementation of these ideas into results.

Some of these projects include Housing First models that align housing with services. An example of a major resource leveraging effort the workgroup continues working on is the Skid Row Housing Trust's (SRHT) Charles Cobb Apartments (Cobb Apartments) project. As we mentioned in the November 6, 2009 update, SRHT has 74 units at the Cobb Apartments, scheduled to open January 2010. The Housing Authority of the City of Los Angeles has requested permission from the U.S. Department of Housing and Urban Development (HUD) to move the existing Project 50 clients to the Cobb Apartments. The remaining 24 vacancies at the Cobb Apartments would then also be filled with individuals identified as the most vulnerable homeless in Skid Row.

By moving the Project 50 clients to the Cobb Apartments, the County will be able to sustain and expand the program. While DMH has agreed to continue their services to the Project 50 population indefinitely and the Department of Public Health (DPH) has agreed to continue their services to this population through June 2011, additional funding would be needed for health services provided by John Wesley Community Health (JWCH Institute, Inc.). These health costs can be covered by unspent Project 50 resources, resulting in no need for additional net County cost (NCC). If HUD approves the move, the SRHT will let the integrated services team offices move to the Cobb Apartments rent free.

The SRHT has also agreed to leverage a recent Substance Abuse and Mental Health Services Administration (SAMSHA) grant awarded to SRHT to backfill the vacancies created by Project 50 clients by filling those vacancies with chronically homeless individuals and providing services using the SAMHSA grant funding. The SAMHSA grant will fund supportive services in housing for an additional 100 chronically homeless individuals without increasing costs to the County. Additionally, the Cobb Apartments project was in part funded by the Mental Health Service Act (MHSA) Housing Program for capital development for 25 units. These 25 units will be dedicated to the expansion of Project 50, however, all of the clients using the 25 units must meet MHSA eligibility criteria.

In addition, the workgroup is continuing to work with JWCH to determine how to make the Federal Qualified Health Center (FQHC) model self-sustainable. In order to draw down the State and Federal funding, clients need to be Medi-Cal eligible. As the number of clients in a program increases and more clients are Medi-Cal eligible, the FQHC is able to offset its

costs by the higher revenues it generates for every clinic visit. As this is a relatively new design for us, we are making some assumptions as to what the blend of Medi-Cal eligibles needs to be for the program to become self sustaining. We do not have an answer to this question as yet; however, the gap funding needed from NCC continues to be reduced as more participants are enrolled as Medi-Cal clients. In addition, JWCH has applied with the State to increase their billable rate that would generate additional revenue. They expect a decision from the State within the next year.

Another very promising leveraging opportunity was suggested by the DMH representative on the workgroup. The proposal is to leverage services from a MHSA Full Service Partnership (FSP) contractor with a SRHT project at the Carver Hotel located in the downtown area outside of Skid Row. FSPs represent a great opportunity for leveraging resources. Fifty-one percent of MHSA funding is set aside for FSP slots. FSP providers frequently experience difficulty identifying housing for the seriously mentally ill clients they serve. By leveraging the FSP services with the SRHT housing resources, we are maximizing resources to serve this population. DMH is working with the FSP and SRHT to develop a proposal for your Board's consideration.

The DMH in collaboration with CDC is setting aside four Shelter Plus Care certificates awarded to DMH for the West Hollywood replication of Project 50. Currently, one application is in process from this project.

Our office recently met with United Way (UW) who is interested in working with the County and its partners towards increasing permanent supportive housing. The UW, in partnership with the Los Angeles Chamber of Commerce, is co-chairing the Business Leaders Taskforce. This taskforce includes 22 business leaders Countywide. We have invited the UW to join the SNHA. The UW will be presenting at the January 2010 SNHA meeting and at the Homeless Deputy meeting this month to share their vision with your deputies. In addition, representatives from the workgroup have been meeting regularly with representatives from the City of Los Angeles (City) and the philanthropic organizations who are anxious to partner with the County on homeless issues. For example, the Hilton Foundation has identified programs serving chronic vulnerable homeless as one of their funding priorities. The workgroup will continue building its relationship with other public and private partners to identify leveraging opportunities and set a plan of action.

The workgroup is also recommending that your Board consider setting a policy that would either set-aside some portion of appropriate funding sources, prior to the County departmental services going out for competitive bid, and/or incentivize providers to serve this population by awarding extra points to proposals that prioritize services for homeless individuals and families where applicable, and aligning those services with available housing resources. Funding sources that were identified for your consideration include Public Private Partnerships to address health needs, MHSA appropriate or applicable plans to address mental health issues, and substance abuse funding. The workgroup is



developing generic integrated service models and estimated costs to serve special need populations for budget planning purposes. The workgroup also recommends that incentives be identified to increase the pool of developers that are willing to develop special needs and affordable housing units, especially for areas of the County where there is the greatest need.

Another resource opportunity that the workgroup recommends exploring is the potential excess rental funds for project-based, affordable housing units whose construction was funded with either City or County funds. CDC suggested that excess funds be made available for case management activities that may not currently have a funding source to draw down. CDC was a helpful addition to the workgroup as they provided important resource information about the availability of funding that developers receive from various public funding agencies that can be used for "Service Coordinator Costs" activities. The costs for case management activities have been challenging as prior to learning this, no funding source had been identified for those activities.

The City has demonstrated their willingness to work with the County to leverage its housing resources with our services. They recognize that the County needs to be at the table prior to their release of Requests for Proposals for developers of low-income housing units. We agreed that we need to work together to direct those development projects strategically to maximize their housing dollars with our service dollars. We need to know well in advance as to the number and location of units that are being developed. In addition, the City sees the value in the County having a say as to which clients should be housed once the units are completed. This is an opportunity to work together to get our most cost intensive clients off the street and into housing which we know results in cost avoidance.

#### **Coordinate a Regional Approach**

Your Board also requested that we recommend ways to strengthen the CEO's ability to coordinate and integrate Countywide homeless services delivery and prioritize services for targeting populations, that addresses the CEO's structural organization as it relates to oversight of homeless issues and whether the current homeless coordinator position should be upgraded or otherwise strengthened. In addition, you asked for an update on efforts to recruit a Countywide Homeless Coordinator.

As partner agencies continue to join the SNHA and work together on specific projects, relationships among agencies will become stronger. Yet, a facilitating body is necessary to bring together agencies to put together a plan of action to link efforts, identify roles, and coordinate decision making. Moreover, if the body helps foster relationships and joins key partners, a single plan of action can represent the vision of an entire region. The plan would build on existing regional infrastructure and lessons learned. For instance, an important lesson learned from the County's Homeless Prevention Initiative (HPI) is the need to better share information to make connections and link various efforts, ranging from

prevention to rapid re-housing. As we make more and better connections by braiding funds, integrating data systems, and having coordinated program entry and referral, a more comprehensive system of care and better service delivery will result. Simply, if we set a shared vision and know what others are doing, then we will know how to make connections to build a more integrated system that meets the multiple needs of clients. Therefore, the SNHA would play a critical role in bringing partners together in order to plan and implement a regional approach to preventing and reducing homelessness.

Regarding efforts to recruit a Coordinator, our office is currently assessing our resources. Furthermore, various HPI programs and the Recovery Act's Homelessness Prevention and Rapid Re-Housing Program focus on preventing homelessness to avoid significant costs. It is the County's intent to build upon these programs that support eviction prevention and pathways towards greater self-sufficiency. More linkages across programs would contribute to systems improvement and result in better outcomes for residents.

#### **Address Cost Avoidance**

Your Board also requested that we address the issue of cost avoidance and the impact on new NCC. Specifically, you requested that the impact to new NCC be addressed in terms of the proposed budget in April 2010, to prevent any competition with funding for mandated departmental core services.

Several recent reports have addressed cost avoidance as it relates to housing homeless persons. The Service Integration Branch - Research and Evaluation Services used data presented in the analytical report from its Adult Linkages Project to estimate that the County spends \$4.34 for every one-dollar spent on General Relief (GR) grants. The findings in the LAHSA's commissioned report, *Where We Sleep: Costs When Homeless and Housed in Los Angeles* conducted by the Economic Roundtable, which we submitted to your Board on November 29, 2009, provides you with detailed cost savings yielded through the provision of supportive housing through SRHT. These are major cost avoidance findings based on analyses of administrative records for over 10,000 GR recipients using services provided by the County DHS, DMH, Probation, DPH, DPSS, and the Sheriff. The findings reported show that while the typical public cost for residents in supportive housing is \$605 per month, the typical monthly public cost for a similar chronic homeless person without housing is \$2,897, which is five times higher.

The "*Where We Sleep*" report provides a wealth of information about the public costs incurred by homeless populations served by the County. The report not only showed that there are significant savings when homeless individuals enter and stay in Permanent Supportive Housing, but it also found that the greatest cost savings were achieved by the Skid Row Collaborative and Project 50. This means that future funding for permanent supportive housing should focus on projects that target the most vulnerable and use a "Housing First" approach.

Each Supervisor  
December 30, 2009  
Page 6

Significant progress has been made to develop collaborative working partnerships with multiple public and private agencies and philanthropic organizations. It is the County's intent to work with the SNHA to put together an action plan with a timeline that would continue to align resources, while at the same time not increase NCC and maximize resources to serve homeless individuals and families. As more information becomes available, we will keep your Board apprised and we will provide a status report in 60 days.

If you have any questions, please contact me, or your staff may contact Kathy House at (213) 974-4129 or via e-mail at [khhouse@ceo.lacounty.gov](mailto:khhouse@ceo.lacounty.gov).

WTF:JW  
KH:VD:hn

c:     Executive Officer, Board of Supervisors  
        Acting County Counsel  
        Sheriff  
        Director of Children and Family Services  
        Director of Community Development Commission  
        Director of Health Services  
        Director of Mental Health  
        Director of Public Health  
        Director of Public Social Services  
        Director, Housing Authority of the City of Los Angeles  
        Director, Skid Row Housing Trust



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WILLIAM T FUJIOKA  
Chief Executive Officer

March 30, 2011

To: Mayor Michael D. Antonovich  
Supervisor Gloria Molina, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe

From: William T Fujioka  
Chief Executive Officer

Board of Supervisors  
GLORIA MOLINA  
First District

MARK RIDLEY-THOMAS  
Second District

ZEV YAROSLAVSKY  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

## **STRENGTHENING HOMELESS SERVICES UPDATE AND "HOME FOR GOOD, THE ACTION PLAN TO END CHRONIC AND VETERAN HOMELESSNESS BY 2016" - 60-DAY REPORT**

On December 7, 2010, your Board, on a joint motion by Supervisors Yaroslavsky and Ridley-Thomas, directed the Chief Executive Office (CEO) to instruct the Departments of Health Services (DHS), Mental Health (DMH), Public Health (DPH), Public Social Services (DPSS), and the Community Development Commission (CDC) to review the *Home for Good Plan* to prioritize recommendations to be implemented and work with these departments to identify resources that can be integrated and realigned with permanent housing opportunities to create permanent supportive housing (PSH). This report will describe three main areas of focus that the County can contribute to the *Home for Good Plan*. These areas are: identification of existing housing, rental subsidy operations, and services resources that can be aligned to implement PSH; streamlining operations and alignment of internal and external procurement processes; and revenue maximization. A workgroup including the departments referenced above and the Los Angeles Homeless Services Authority (LAHSA) convened on January 11, 2011, to begin the work of addressing each of these areas.

It is important to frame this report by acknowledging that in its preparation, there was concern expressed regarding the current economic climate. This reality can easily postpone the task of solving homelessness in Los Angeles County (County). It is our belief, however, that it is the perfect time to work smarter, implement meaningful improvements, and to develop strategies that are more efficient and that target our most costly consumers. This work builds upon the many successful initiatives that your Board has implemented to address homelessness to date.

*"To Enrich Lives Through Effective And Caring Service"*

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In order for the County to substantially contribute to the *Home for Good Plan*, a policy from your Board prioritizing chronically homeless individuals and families for County services and housing resources would be a crucial first step to ending homelessness in County. We also believe this is an important public policy since we have learned that a relatively small population accounts for significant public costs to our health care, mental health, emergency response, corrections, probation and judicial systems. The Los Angeles 'Where We Sleep' report documented that housing this population costs significantly less than leaving them unhoused.

On May 20, 2009, President Obama signed the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act administered by Housing and Urban Development (HUD). The HEARTH Act will continue to provide approximately \$80.0 million in homeless resources to the County. The new Act includes substantial changes from previous legislation and will emphasize prevention, rapid re-housing, and PSH. In addition, there is significant focus on targeting populations, ensuring outcomes, and performance requirements related to reducing the number of chronically homeless individuals and homeless families, veterans, and youth; reducing lengths of homeless episodes; reducing recidivism back into homelessness; jobs and income growth for homeless individuals; and reducing the number of individuals who become homeless. HUD is also emphasizing the use of evidence-based data and requiring that Continuums of Care use their Homeless Management Information Systems (HMIS) as the system of record. The *Home for Good Plan* provides a framework for seizing the new opportunities available under the HEARTH Act. Your Board's response to this Plan on behalf of the County will strongly tie into our ability to be competitive for federal funding for homelessness under the HEARTH Act.

#### **Identification of Existing Housing, Rental Subsidy Operations, and Services Resources that can be Aligned with PSH**

To solve homelessness in any jurisdiction requires a combination of housing, rental subsidy operations, and supportive services. It is important to recognize that the County has committed many resources to PSH projects. However, further redirection of existing resources could increase our effectiveness and impact.

#### **Housing**

There are about 2,150 housing units in various stages of development in Los Angeles County for homeless individuals, families, and transition aged youth that will be completed within the next four years. This includes 726 units with substantial funding contributed by DMH through Mental Health Services Act and for which DMH commits to provide mental health services. The County CDC releases a Notice of Funding (NOFA) for City of Industry (COI) and HOME Investment Partnerships (HOME) funding every year. CDC has seen a significant increase in applications for special needs housing developments over the past two years, due to their

increased capacity building activities. In addition, the Special Needs Housing Alliance, whose membership includes County health and human services departments, have been providing technical assistance to service providers in the community, encouraging partnerships, and building infrastructures for mobile and satellite clinics within project-based and scattered site housing environments. The combination of the capacity building for developers and the implementation of regional infrastructures for homeless services delivery has enticed developers and service providers to join forces with a result of increased capacity. However, the 2012 State and Federal budget proposals put the COI and HOME housing development funding sources in jeopardy. The Governor's 2012 Budget proposes the elimination of redevelopment agencies, which is the source of COI's affordable housing funds. If this proposal is approved, the CDC's largest source of funding for the production of housing will no longer be available. The President's 2012 Budget proposes a nearly ten percent reduction in HOME funds, which, if approved, would further impede the CDC's ability to contribute to the future production of affordable and special needs housing.

To continue the trajectory of increasing housing development for homeless populations, it is essential for the CDC and the cities' housing departments to contribute the "bricks and mortar;" for Housing Authorities (HAs) to provide housing rental subsidies; and for the County to ensure that health, mental health and substance abuse services are available for the tenants. The challenge is for each of these elements to be available at the right time on a three-year timeline, which is the norm for the housing development process.

The identification and alignment of housing resources by the CDC will be important to the County's efforts to end homelessness. Attachment A is the CDC's response to the *Home For Good Plan*.

### **Rental Subsidy Operations**

The most impactful tool available to assisting homeless individuals and families with obtaining housing is rental subsidies, which make the units affordable to those with extremely limited income. These are available through housing vouchers, including Shelter Plus Care (S+C) and Section 8.

The Housing Authorities of the City (HACLA) and County of Los Angeles (HACoLA) administer the greatest number of vouchers that are allocated by HUD. There are also several smaller HAs in the County that receive a direct allocation of housing vouchers. S+C is considered the most effective resource for chronically homeless individuals because it has fewer eligibility restrictions and it ensures that supportive services are provided through a match to the dollar amount of the rental subsidy. Supportive services are essential for chronically homeless people to sustain housing.

Through HUD's annual Continuum of Care application competition, LAHSA applies for new S+C resources on an annual basis on behalf of the City and County HAs. Currently, HACLA

manages 2,396 S+C certificates and HACoLA manages 801 S+C certificates. LAHSA applied for an additional 158 in the 2010 HUD SuperNOFA application on behalf of the HAs. It is incumbent upon County to examine each S+C recipient to determine if they continue to need the supportive services required by the S+C program. In tandem with this review, other rental subsidies and/or alternatives to housing vouchers must be identified for stepping down individuals according to lower levels of need. This not only supports individuals along their spectrum of recovery, but would also provide more S+C for those individuals who are in immediate need of intensive supportive services to remain housed. An example of this arrangement has been incorporated into the S+C program at HACLA, in which they have asked all of their S+C providers for lists of S+C certificate holders who no longer need the supportive services component required of S+C. They are then offering these tenants Section 8 vouchers to move on from their S+C certificate.

HUD does not have a cap on the amount of Section 8 tenant-based housing vouchers that can be used for homeless individuals and families. Each HA establishes a "local preference" in regards to what portion will be set aside for this purpose. HUD does have a cap of 20 percent on project-based Section 8 vouchers. HACoLA recognizes the challenges that this population presents when supportive services are not available. Consequently, they have implemented eligibility restrictions, most significantly those regarding criminal backgrounds and previous evictions that make these vouchers difficult to access for the County's homeless population.

HACoLA has implemented a homeless set-aside and manages 510 Section 8 vouchers for homeless individuals/families. HACLA has implemented a homeless set-aside and manages 4,011 Section 8 vouchers for homeless individuals/families. In addition, HACLA has 1,100 project-based Section 8 vouchers that are generally in use within permanent supportive housing units. HACoLA has 365 project-based Section 8 vouchers reserved for projects in various stages of development and an additional 75 vouchers are currently being made available for new special needs housing units through a NOFA.

HACoLA received a total of 505 HUD Veterans Affairs Supportive Housing (VASH) vouchers to be used to house veterans. HACLA has 1,145 VASH vouchers and Long Beach has 275 VASH vouchers.

Over the past five (5) years, LAHSA has prioritized permanent supportive housing in the annual HUD SuperNOFA competitive application. However, the number of new PSH funded through the McKinney-Vento program is limited. LAHSA is pursuing the following strategies to increase the number of permanent supportive housing units funded and to realign McKinney-Vento resources to have greater impact on reducing homelessness: 1) renew only those HUD program contracts that demonstrate effective outcomes towards ending homelessness; and 2) realign current McKinney-Vento funded programs by providing technical assistance for providers to shift from services only and/or transitional housing to permanent housing programs. Transition in place is another option that can be implemented by LAHSA to shift transitional housing units to permanent housing units. It is important for the County to support

these efforts, and we will be working with LAHSA to review the use of all HUD funding that comes to the County and to develop strategies to maximize our ability to create PSH. Since this funding is being transitioned to housing costs, it will require close alignment with County service departments to ensure adequate service resources are available to serve chronic homeless individuals and families. This is discussed in more detail later in this report.

In order to increase the number of Section 8 certificates that are available to house homeless individuals, the HAs would have to: 1) increase their homeless set-aside percentages; and/or 2) reduce the eligibility criteria to be less restrictive.

There may be opportunities to target chronically homeless General Relief (GR) recipients using a portion of DPSS' GR 10,000 rental subsidies to align the housing with some of the supportive services described below. This would allow us to leverage and reinvest our resources in DPSS participants who are chronically homeless with multiple complex health, mental health, and substance abuse issues.

## **Services**

Since the County is the largest provider of health, mental health and substance abuse services for uninsured residents, one of the most crucial opportunities to end homelessness is a County strategy for aligning our service resources with housing opportunities in an ongoing and systematic approach.

Our office requested DHS, DMH and DPH to identify existing health, mental health and substance abuse programs within their current structures that could best be aligned with housing resources serving homeless individuals and families. The following summarizes some of the departmental responses and is detailed in Attachment B.

### Department of Health Services

DHS indicated that the Public Private Partnership (PPP) programs would be the best fit for alignment with housing. PPPs could establish on-site satellite clinics in project-based housing or could provide mobile services for a scattered site housing approach. Since there is no new funding for PPPs, the impact of this change would be fewer PPP slots provided within clinic locations for existing patients. However, with the PPP programs transitioning to Healthy Way LA as a result of the Medicaid Coverage Expansion (Waiver), there is an opportunity to design a health and mental health model of care that can be aligned with housing, specifically for homeless populations.

### Department of Mental Health

DMH identified Project for Assistance in Transition from Homelessness (PATH), Full Service Partnerships (FSPs) and Field Capable Community Services (FCCS) as the



programs that best align with housing. With the understanding that any DMH services can only be provided to qualified individuals, the PATH program could be redesigned to target chronically homeless with a focus on transition into housing. The FSP and FCCS programs can be provided outside of a clinic venue and both focus on assisting persons with mental illness to live successfully within the community. Housing is a critical element to the success of these programs. FSP and FCCS slots that become available due to attrition could be aligned with housing and directed to chronically homeless individuals. As is the case in redirecting any departmental resources, the challenge lies in discontinuing services to other populations.

#### Department of Public Health – Substance Abuse Prevention and Control

We had hoped that DPH/Substance Abuse Prevention and Control (SAPC) would be able to participate in a demonstration project, which would have aligned substance abuse services and DMH Mental Health Services Act services within 300 PSH units in the City of Los Angeles. Unfortunately, SAPC has informed us that the Substance Abuse Prevention and Treatment Block Grant (SAPT) funding will not be going out for competitive solicitation this year, as was originally thought. The decision to not competitively solicit the SAPT is based on recent changes to the allowable uses of the grant, the recently enacted parity law, and changes that are expected as a result of Health Care Reform. However, SAPC indicated that based upon the current understanding of the allowable uses of SAPT, SAPC could align unencumbered portions of SAPT for substance use disorder treatment and recovery support services with PSH opportunities. In addition, SAPC identified funds received from DPSS for CalWORKS and GR participants as a resource for those recipients who are chronically homeless. Again, the same challenges exist in redirecting resources from one population to another.

In addition to the above-referenced services, there is approximately \$15.4 million in ongoing Homeless Prevention Initiative funding (Attachment C) that could be redirected to supportive services aligned with housing opportunities for chronically homeless. A portion of this funding could be used as the local match under the Waiver for providing a component of supportive services in housing.

#### Streamlining Operations and Alignment of Internal and External Procurement Processes

There are many housing and homeless services operations and processes within the community, government, and philanthropy that could greatly benefit from better coordination, alignment, and ongoing commitment to reducing the barriers that exist for homeless consumers in accessing these resources.

Since there is clearly less supply of housing with supportive services for homeless populations than there is demand, focusing County resources on the chronically homeless individuals who are using a significant amount of County services (frequent users) makes sense, both from the

fiscal standpoint as well as from the understanding that these individuals have considerable needs. With this in mind, if we are able to systematize alignment of our services resources with housing opportunities, we could develop a strategy to target these individuals and prioritize them for housing regardless of which County or community provider door they enter. Tools such as a vulnerability index could be implemented within departments and providers to provide the data necessary to implement this strategy.

Our work with LAHSA and HAs in the next few years is paramount to the County's success in both taking advantage of the opportunities available under the HEARTH Act and complying with the regulations. We must evaluate all LAHSA funded contractors with the expectation that our success hinges on moving individuals and families out of the shelter system and quickly into permanent housing. We must be thoughtful in engaging the two largest HAs in the County in strategies to reach this outcome by streamlining their operations with focus on how to best administer housing voucher programs in alignment with new housing developments and scattered-site housing to provide critical access to housing that will enable homeless service providers to get chronically homeless individuals and families back into stable, permanent housing.

The ideal system would include a shared procurement process among the public agencies that include housing, rental subsidies, and supportive services. Should your Board recognize the need to redirect existing service resources to the integration of housing and services, our office will work with the departments to establish a methodology for your consideration so that these resources can be procured together. We can strive to establish memoranda of understanding with our public and private partners to procure these service resources along with the needed housing and operations resources. Since there are multiple regulations and limitations on the various funding sources, this activity will be challenging, but at the same time the County could be the national leader in our use of mainstream systems of care to end chronic homelessness.

### **Revenue Maximization**

It is key to identify avenues to leverage resources and support activities that promote permanent housing, rental subsidies and supportive services for homeless populations. While our office recognizes that this is a critical need, we also recognize the need to improve our abilities to leverage funding from multiple streams.

For example, there may be revenue streams that particular departments can access, which could potentially benefit other departments that are addressing similar homeless populations. One example provided in the 30-day update was the possibility that DPSS might be able to draw down a 50 percent federal match for services that assist individuals with obtaining Supplemental Security Income (SSI). It is possible that this revenue stream may cover a portion of the cost of housing case management services, which is advantageous to keeping the target population stably housed. Another possible option, referenced above, is utilizing the

Waiver to provide supportive health, mental health, and/or targeted case management within housing environments.

### **Recommendations**

The following recommendations are based on the above discussion and align with the four key strategies of the *Home For Good Plan*. Attachment D is an expansion of the action plan with a listing of applicable County department responsibility and the corresponding recommendation number.

1. Establish a policy that prioritizes chronically homeless individuals and families for County services and housing resources.
2. Instruct the County departments of DHS, DMH, DPH, DPSS and CDC named above to work with the CEO to develop a supportive services model using the service resources identified within this report to be aligned with housing.
3. Instruct the CEO to work with LAHSA and the HAs within the County to develop a plan to increase the number of housing certificates and vouchers allocated to the County and to explore the feasibility of increasing the number of housing certificates and vouchers targeting chronically homeless individuals and families.
4. Instruct the CEO to work with LAHSA, DMH, Veteran's Administration and the HAs within the County to develop a plan to review all S+C certificate holders to determine if they continue to need the level of supportive services required by S+C. Explore access to other rental subsidies and/or alternatives to housing vouchers for those tenants who can transition off an S+C certificate to an arrangement with a lower level of supportive services.
5. Instruct the CEO and the County departments named above to develop a strategy for the County and our public/private partners to align our various resources and systems of care including housing, rental subsidies, and supportive services. This should include a strategy for collaborative procurement of these resources.
6. Instruct the CEO to work with LAHSA to evaluate McKinney-Vento funded programs that are automatically renewed every year and to develop a plan to ensure that the new HEARTH Act emphasis on ending homelessness is central to the use of HUD resources funded under the Los Angeles County Continuum. This plan should include a process for LAHSA and the County and City HAs to distribute joint Request for Proposals for Continuum of Care Program dollars, which includes Supportive Housing Programs, S+C and Single Room Occupancy Moderate Rehabilitation.

Each Supervisor  
March 30, 2011  
Page 9

7. Instruct DPSS to work with the CEO to explore the possibility of setting-aside a portion of the 10,000 rental subsidies to target disabled GR recipients who are chronically homeless and pursuing SSI. This plan should include an alignment of supportive services and a discussion of housing models such as master leasing that could result in efficiencies.
8. Instruct the CEO to create a workgroup of high level executive and fiscal staff from the County departments named above and the Auditor-Controller's Office to explore opportunities for greater revenue maximization.
9. Instruct the CEO to work with LAHSA to ensure that County departmental data systems are compatible with HMIS as the system of record for tracking the demographics, needs, and outcomes of chronically homeless individuals and families.
10. Instruct the CEO to work with DHS to determine the feasibility of using a portion of the ongoing HPI funding as a local match for the Waiver to provide supportive services aligned with housing.

There is a lot of work to be done to end homelessness in the County. Yet, with your Board's continued leadership, the County can be recognized for solving the homelessness crisis and doing it in the jurisdiction with the greatest homeless burden in the country.

If you have any questions, please contact me, or your staff may contact Kathy House at (213) 974-4530 or via e-mail at [khouse@ceo.lacounty.gov](mailto:khouse@ceo.lacounty.gov).

WTF: KH  
EB:ljp

#### Attachments

- c: Executive Office, Board of Supervisors
- County Counsel
- Community Development Commission
- Health Services
- Mental Health
- Public Health
- Public Social Services
- Housing Authority of the City of Los Angeles
- Los Angeles Homeless Services Authority



**ATTACHMENT A**

***Home for Good Motion***  
**CDC/HACOLA Response**

**Introduction**

The Home for Good Plan produced by the Business Leaders Task Force on Homelessness calls on the County, housing authorities, cities, housing providers, and other stakeholders to realign resources to specifically target chronically homeless individuals and veterans.

While the Community Development Commission of the County of Los Angeles (CDC) and the Housing Authority of the County of Los Angeles (HACOLA) administer a variety of funding sources identified in the Home for Good Plan, it does not currently direct any housing development resources specifically for the chronically homeless population. It has placed a strong emphasis on meeting the needs of homeless populations including providing funds for housing subsidies, winter shelters, access centers, support services and for the development of permanent affordable housing.

It is currently CDC/HACOLA policy to set aside 50% of its City of Industry funds for projects housing special needs populations. At the request of the Board of Supervisors, these populations include:

- homeless households
- persons with mental illness
- persons living with HIV/AIDS
- victims of domestic violence
- Transition Age Youth
- persons with developmental disabilities,
- frequent users of County Department of Health Services and Department of Mental Health emergency services.

Since the City of Industry program began in 1997, CDC/HACOLA has:

- Provided \$159,707,583 in City of Industry funds and \$115,837,956 in HOME funds for the development of 8,929 units of affordable housing, including special needs units
- Provided \$61,648,279 in Industry funds and \$76,700,393 in HOME funds for developments targeting special needs populations, to create approximately 1,965 special needs units
- Funded the development of:
  - 225 units targeting persons who are homeless or at risk of homelessness
  - 739 units targeting persons with mental illness
  - 462 units targeting persons with HIV/AIDS
  - 325 units for emancipated foster youth and Transitional Age Youth

## ATTACHMENT A

### *Home for Good Motion* CDC/HACOLA Response

- o 45 units for victims of domestic violence

It should be noted that the large majority of units targeting special needs populations are likely to be inhabited by persons who are homeless or at risk of homelessness due to their special needs.

In 2009 and 2010, CDC/HACOLA began providing incentives for developers to include special needs units within their projects. In 2010, CDC/HACOLA, along with several other County departments, provided guidance to developers proposing to serve special needs populations through the Special Needs Housing Alliance Project Review Committee. Through this process, the Project Review Committee provided guidance to 22 developers who were planning developments including special needs units, including 13 that proposed units to target homeless households to locate and secure appropriate and comprehensive services to meet the needs of the tenants.

In concert with these efforts, CDC/HACOLA is making an ongoing effort to provide technical assistance for member cities of the San Gabriel Valley Council of Governments. Assistance is provided to help the cities solicit affordable and special needs housing development.

The CDC also administers the Emergency Shelter Grant, the Community Development Block Grant, and Homelessness Prevention and Rapid Re-Housing Programs on behalf of the County, the offices of the Board of Supervisors, and 47 participating cities. Additionally, it administers \$32M in one-time funds for the Homeless Housing Program Funds - City and Community Programs (HHPF-CCP) to address the critical need for shelter beds, permanent housing, and supportive services for the homeless.

The Homeless and Housing Program Funds - City and Community Programs (HHPF-CCP) designated \$32 million to address the critical need for shelter beds, permanent housing, and supportive services for the homeless, which included funding directed towards capital development projects and locally defined service programs. On April 22, 2008, the Board of Supervisors approved the award of CCP funds to 16 service agencies to engage in 18 service contracts, as well as funding for 9 capital development projects.

The CDBG Program funds a variety of housing and community development activities that benefit low- and moderate-income persons by providing decent housing, a suitable living environment and expanding economic opportunities, principally for persons of low- and moderate-income. Our partner agencies annually implement approximately 400 different activities such as youth programs, graffiti removal, meals for seniors, minor home repair programs, and construction of new public facilities and commercial developments each year. A small portion of available public service authority has been awarded at the discretion of the participating jurisdictions and supervisorial districts to homeless service providers.

HACOLA currently maintains a set-aside of 510 Section 8 vouchers specifically for homeless households, some of which may be chronically homeless. Many of the participants served by HACOLA's Shelter Plus Care and Veterans Affairs Supportive Housing (VASH) programs may also be chronically homeless. In 2009 and 2010, HACOLA set aside a total of 300 Section 8 vouchers to be used as project-based vouchers for special needs projects.

Additionally, HACOLA is responsible for managing 2,962 units of public housing. As part of an effort to support the transition of homeless families to permanent housing, the public housing program does maintain a local admissions preference for homeless families, inclusive of youth transitioning out of foster care and victims of domestic violence.

## ATTACHMENT A

### *Home for Good Motion* **CDC/HACOLA Response**

This preference is limited to 30% of the number of vacant units available on July 1 of each fiscal year. However, the number of available units has decreased over the last several years as occupancy rates remained high for the public housing program and for Fiscal Year 2010-11, there were approximately 13 units designated for the homeless admissions preference. Towards the end of 2010, the occupancy rate for public housing reached 99% and a record number of 120,000 families are currently registered on the waiting list. Without federal funding support for new public housing development, the County's public housing program remains impacted by families at risk of becoming homeless in a tight rental market such as Los Angeles County.

The Home for Good Plan sets forth several recommendations that relate to programs administered by various divisions within the CDC and HACOLA. The below chart outlines the goals and actions in the Home for Good Plan that impact CDC/HACOLA programs, as well as the CDC/HACOLA response corresponding to each item.



**Home for Good Motion  
CDC/HACOLA Response**

**Strategy 1: Align Goals to Integrate Our System**

We must create system-wide accountability by establishing consistent standards and measures of success, which are then carefully and regularly evaluated. This is only possible if we establish key benchmarks and set shared goals for quickly transitioning individuals into permanent housing with access to the supports they need to thrive.

Goal	Action	Entity Responsible	Timeline	CDC/HACOLA Response
Align Continuum of Care outcomes with requirements set forth in the HEARTH Act.	Align goals for services and housing providers to focus on rapid transitions to permanent housing with supportive services. Key principles for this work are outlined in Appendix C.	Task Force, in collaboration with public and private sector funders, providers, and faith community	2011	<p>The Home for Good plan and these objectives lack the increased emphasis on prevention and recognition of the rapid re-housing model identified as a high priority by HUD as part of the implementation of the HEARTH Act that broadens the definition of homelessness to include those at risk of homelessness and incorporates the activities of the HPRP permanently into ESG, which HUD has renamed from the Emergency Shelter Grant to the Emergency Solutions Grant.</p> <p>Consistent with the Federal Strategic Plan to End Homelessness and the HEARTH Act, HUD has communicated to each entitlement jurisdiction and CoCs that an assessment and retooling of the homeless crisis response system be implemented to transform homeless services to a crisis response system that prevents homelessness and rapidly returns people who experience homelessness to stable housing. While the final regulations have yet to be published, the CDC is working with the City of Los Angeles and LAHSA to evaluate how future ESG funds will be reallocated to support this component of the Continuum of Care.</p>

**Home for Good Motion  
CDC/HACOLA Response**

**ATTACHMENT A**

**Strategy 2: Collect and Share Data to Assess Need and Track Progress**

Our work must begin with understanding the scope and nature of homelessness in order to plan and implement real housing solutions. By identifying and assessing the homeless population of each community, we will understand their individual and collective needs in order to more efficiently target housing and services and resources to support them in re-integrating into communities.

Goal	Action	Entity Responsible	Timeline	CDC/HACOLA Response
Track progress of individuals accessing housing and services and target housing and services resources.	Oversee implementation of HMIS among public sector departments providing mainstream services.	Continuums, Board of Supervisors, VA	2012-2015	The plan refers to a centralized database that keeps track of both homeless system user data as well as available housing resources. The plan designates the Homeless Management Information System (HMIS) as the central database but does not address the need to consolidate HMIS management and vendors among the County's four Continuums of Care as a prerequisite step. The CDC and HACOLA both maintain databases on funded and owned rental units. The data requirements, system security, system maintenance, and functional requirements of the databases present enormous challenges in time, cost and practicality if they were to be transformed into to a regional HMIS system managed by a private vendor. The CDC also operates the LA County Housing Resource Center website and database, which contains a large amount of data and functions on affordable housing resources that are designed to be coordinated with regional partners. Ongoing discussions with LAHSA and other stakeholders regarding HMIS data sharing have yielded more obstacles than results. The most feasible option for centralized data would be to work to coordinate the different data management systems currently in existence so that information can be shared across systems.

**ATTACHMENT A**

***Home for Good Motion  
CDC/HACOLA Response***

*Home for Good Motion*  
CDC/HACOLA Response

**ATTACHMENT A**

**Strategy 3: Target and Reallocate Existing Resources to Maximize Impact**  
We can maximize impact by focusing our existing resources on access to permanent housing rather than investing in fragmented systems that have no alignment around goals.

**TARGETING HOUSING UNITS**

Goal	Action	Entity Responsible	Timeline	CDC/HACOLA Response
Maximize permanent supportive housing resources by ensuring they are targeted to the most vulnerable and costly population.	Use funding mechanisms to incentivize permanent supportive housing providers to prioritize the most vulnerable and costly chronically homeless individuals for housing and to support the creation of supportive housing in every community.	Board of Supervisors; Mayors/City Councils; Continuums; Private sector funders	2011-2015	<p>The plan would focus of CDC/HACOLA capital development resources to increase available permanent supportive housing units reserved for chronically homeless individuals. It may be feasible to create a set-aside for the development of PSH targeting chronically homeless individuals. However, there are several potential results of adopting this approach which may contradict other Board priorities.</p> <p>CDC and HACOLA have an obligation to distribute funds for housing development throughout the regions in the County eligible for funding, which include unincorporated areas, HOME participating cities, and the areas contained in the 15-mile radius surrounding the City of Industry. Historically, the majority of permanent supportive housing and developments housing chronically homeless populations have been developed in the City of Los Angeles, where the capacity to house and serve this population is the highest, where political will for developing housing for this population is strongest, and where community concerns have caused the fewest barriers to development of PSH. Therefore, prioritizing housing for chronically homeless individuals is likely to lead to a concentration of CDC/HACOLA development funds in the City of Los Angeles rather than achieving the Board of Supervisors' goals to regionalize affordable and special needs housing and to increase the inventory of affordable/special needs housing in the unincorporated areas and in other specified regions in the County. The CDC/HACOLA Notice of Funding Availability for Affordable Multifamily Rental Housing already incentivizes the development of housing in these regions, so if an incentive was added to target chronically homeless individuals, these two incentives might counteract each</p>

**Home for Good Motion  
CDC/HACOLA Response**

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**TARGETING CAPITAL FUNDS**

Goal	Action	Entity Responsible	Timeline	CDC/HACOLA Response
Provide capital funds to help fund 500 new construction and rehab units coming online each year	Continue the City of Los Angeles Permanent Supportive Housing Program and City of Industry Special Needs Housing Programs at current capital and project-based rental subsidy levels.	LAHD; LA County CDC	2011-2015	The maintenance of City of Industry funding for special needs housing at current levels, incorrectly implies that CDC/HACOLA has control over the amount of redevelopment set-aside funding received each year. In practice, CDC/HACOLA could not commit to annual funding levels because they are determined by annual property tax revenues.
	Set aside at least 20% of all affordable housing funds for permanent supportive housing, including HOME, redevelopment tax increment low-moderate income housing set-aside funds and Neighborhood Stabilization Program funds.	City and County Housing Department and Redevelopment Agencies	2011-2015	While it is possible to create a set-aside of capital development funds for chronically homeless individuals, this will reduce the funding available for other special needs populations that received previous Board priorities. However, if the demand for funding for PSH for chronically homeless individuals was low, uncommitted set-aside funds could be rolled over into the other funding pools to minimize this effect.

Home for Good Motion  
CDC/HACOLA Response

ATTACHMENT A

TARGETING OPERATING SUBSIDIES

Goal	Action	Entity Responsible	Timeline	CDC/HACOLA Response
Provide housing subsidies for all chronically homeless individuals in permanent supportive housing	Increase the portion of HOPWA and Section 8 vouchers dedicated to house chronically homeless individuals, and utilize all Shelter Plus Care and VASH vouchers for chronically homeless individuals in permanent supportive housing. See Appendix B for a proposed breakdown of how existing subsidies can be used to meet the need for operating subsidies in permanent supportive housing.	Housing Authorities	2011-2015	<p>The HACOLA currently has an allocation of 39 HOPWA vouchers. However, HOPWA funding is specifically targeted to house persons with AIDS not necessarily homeless persons.</p> <p>Currently, HACOLA sets aside 510 Housing Choice Vouchers to house homeless families and individuals. HACOLA is also in the process of allocating an additional 50 vouchers to the Los Angeles County Department of Health Services. This set aside is of particular interest because it is utilized with the Access Housing for Health Program which targets high volume users of county health and other services which is also a common factor among the chronically homeless. To address homeless veterans, 75 of the 510 vouchers are reserved for the Los Angeles County Department of Military and Veteran Affairs.</p> <p>In addition to these vouchers, the HACOLA pursued and received a total of 505 HUD-Veteran Affairs Supportive Housing Vouchers to serve homeless veterans. All of these vouchers are tenant based which means the voucher holders chooses their own housing usually with the assistance of a supportive services case manager. The case managers seek permanent supportive housing for the participants. Currently 135 out of the 505 allocation are being used. All program applications are referred by the Veterans Administration.</p> <p>The HACOLA has an allocation of 801 Shelter Plus Care (SPC) Certificates. With each new SPC application and award, a larger percentage of the SPC allocation is dedicated to chronically homeless individuals. As of the 2010 application, HUD's definition of chronically homeless was expanded to include chronically homeless families also. HACOLA's 2005 SPC award of 111 certificates was exclusively for chronically homeless individuals. HACOLA has an approximate 85% lease up rate of SPC vouchers and is working diligently with its SPC</p>

# ATTACHMENT A

## Home for Good Motion CDC/HACOLA Response

				sponsor agencies to increase this utilization rate.
	Convert a portion of existing Section 8 and VASH vouchers from tenant-based to project-based vouchers for permanent supportive housing as needed in each community.	Housing Authorities	2011-2015	The HACOLA is currently in the process of converting 365 of its Section 8 vouchers and a portion of our VASH vouchers from tenant-based to project-based. The HACOLA also plans to apply for 50 additional project based VASH vouchers during the current funding availability period. Applications are due February 28, 2011.
	Ensure that local eligibility requirements for housing vouchers are no more restrictive for homeless individuals than HUD requires.	Housing Authorities	2011-2015	The HACOLA's criminal background screening policy was developed in line with HUD regulations, but is more restrictive. HACOLA currently denies applicants rental assistance if they have not completed parole or probation. A change to this policy requires approval from the Board of Commissioners because it would impact the entire HCV program.

### TARGETING SERVICES FUNDS

Goal	Action	Entity Responsible	Timeline	CDC's Response
Provide services to rapidly house all homeless populations, in alignment with HEARTH Act requirements.	Shift McKinney Vento funds to outcomes-based contracts, focused on permanent housing outcomes.	Continuums	2011-2013	The CDC administers the Emergency Shelter Grant Program for the County. The Emergency Shelter Grant in the approximate amount of \$1.3 million annually is passed through the Los Angeles Homeless Services Authority (LAHSA) through a joint powers agreement with the City of Los Angeles. Given the shortage of funds for emergency shelter and services and in response to extensive Countywide public participation in planning, the highest priorities for the use of ESG are to strengthen and enlarge the network of emergency beds and services and to strengthen the referral system to these facilities in order to address the needs of chronically homeless individuals and families.

**Home for Good Motion  
CDC/HACOLA Response**

**ATTACHMENT A**

**Strategy 4: Coordinate Resources to Streamline Permanent Housing Funding**

When public, private, local and national funding systems work together to invest in comprehensive services and housing solutions, everyone's return on investment is maximized and best practices that improve our communities can be brought to scale sooner.

Goal	Action	Entity Responsible	Timeline	HACOLA's Response
Coordinate distribution of capital, operating and services dollars and services dollars for permanent supportive housing.	Establish Memoranda of Understanding (MOU's) between local cities and the County to dedicate and align local funds for permanent supportive housing.	Board of Supervisors; Mayors/City Councils/ City Departments; Housing Authorities	2011	The HACOLA is in the process of signing MOU's for all programs with other local cities and County programs. On 11/09/2010, the Board of Commissioners authorized the Executive Director to execute interagency agreements with Local Municipalities and Housing Agencies relating to subsidized Housing Programs and Grants as needed.
Shorten development timeline.	Align distribution of Cities/County capital, operating, and services funds for permanent supportive housing.	Board of Supervisors; Mayors/City Councils/ City Departments; Housing Authorities	2012-2015	In addition to the programs and resources already discussed, the CDC administers Community Development Block Grant funds for the County, which was not specifically called out by the plan. At their discretion, each Supervisor's office can dictate how they wish to utilize their annual allocation of CDBG funds within the confines of the regulations. The limited funding and public service authority currently supports an extensive delivery system of community-based organizations that provide vital services to low- and moderate-income persons, improve public facilities, and maintain the affordable housing stock throughout the County. If the Board offices wish to reallocate their available funds to homeless activities, this is a potential source of funding for certain eligible programs identified in the Home for Good plan. Generally, CDBG funds are ineligible for the construction of new housing.



**ATTACHMENT A**

*Home for Good Motion*  
**CDC/HACOLA Response**

*Home for Good Motion*  
**CDC/HACOLA Response**

**ATTACHMENT A**

**Overall Concerns:**

Section 8 Set Asides: Now that the Housing Authority has achieved a lease up rate and budget utilization rate that is almost at 100%, the Section 8 set asides must be very carefully monitored to ensure that they do not negatively impact our overall program performance. It is critical that the set asides be fully utilized and that the lease up rate is consistently maintained.

HOPWA: The recommendation related to increasing the portion of HOPWA vouchers to the chronically homeless population is a definite concern since the HOPWA program is not meant to specifically target this population. The Housing Authority cannot commit to dedicating these vouchers specifically for a population that it was not designed to address.

Eligibility Requirements: The greatest concern for the housing authority is the recommendation to ensure that local eligibility requirements for housing vouchers are no more restrictive for homeless individuals than HUD requires. This recommendation has an impact on the HCV program since eligibility requirements must be consistent for the entire program. Any reduction in our eligibility standards would apply to all HCV participants and would have the unintended consequence of relaxing requirements for non-chronically homeless participants. This is a concern for the Housing Authority.

# ATTACHMENT A

## Home for Good Motion CDC/HACOLA Response

### Appendix B

The subsidy source chart was provided in the original Action Plan and demonstrated one scenario for providing the new rental subsidies needed for each year. The HACOLA has revised the chart below to reflect our subsidy source for each program in 2010.

Subsidy Source	HACOLA 2010 Allocations	2011	2012	2013	2014	2015	Total	HACOLA Comments
HUD VASH Program	505	500	650	650	700	700	3705	HACOLA would welcome the ability to apply for additional HUD VASH vouchers when the opportunity presents itself in the future.
Shelter Plus Care	801	801	350	400	450	500	3302	HACOLA would welcome the ability to apply for additional Shelter Plus Care funding, however this is subject to HUD eligibility criteria and funding availability.
HOPWA Vouchers	39	50	50	75	100	100	414	HOPWA funding is not targeted for homeless or chronic homeless. It is specifically for the HIV/Aids population that is in need of housing
202 Housing	0	100	100	125	150	150		
Section 8 Set Aside	560	150	150	150	150	150	1310	The HACOLA may consider setting aside additional housing vouchers each year to reach the goals of 1310 by 2015.
Totals	1905	1601	1300	1400	1550	1600		

COUNTY DEPARTMENTS				
	DPH (SAPC)	DMH	DHS	DPSS
Existing services/programs that align services within housing	<ul style="list-style-type: none"> <li>Project 50</li> <li>Carver Hotel</li> <li>LAC-USC Hospital Collaborative</li> <li>CalWORKS Homeless Families Project</li> </ul>	<ul style="list-style-type: none"> <li>Housing Trust Fund (see attached list)</li> <li>MHSA Housing Program (see attached list)</li> <li>Integrated Mobile Health Team</li> <li>Integrated medical/mental health partnerships (see attached list)</li> <li>IMD Step-down Programs provide housing options and integrated supportive services.</li> <li>FSP/FCGS programs provide services to those in permanent housing</li> <li>Project 50 replicas (6 different projects)</li> <li>Shelter+Care and Sec 8 grants: DMH provides services to all clients in those units.</li> <li>Homeless CalWORKS Families Project</li> </ul>	<ul style="list-style-type: none"> <li>AHH (case management and housing locator services)</li> <li>Project 50 (health care component)</li> </ul>	DPSS has housing subsidies but no services for those who receive the subsidies.
Existing services/programs that would best align within housing	<ul style="list-style-type: none"> <li>CalWORKS</li> <li>Drug Medi-Cal</li> <li>General Relief</li> <li>SAPT Block Grant</li> </ul>	<ul style="list-style-type: none"> <li>PATH Funding: proposed changes to target outreach through program to chronically homeless with focus on providing supports to transition into PSH</li> <li>FSP/FCGS Programs: recommend that programs target chronically homeless population to fill any vacancies for the homeless focal population.</li> </ul>	DHS contracts with Public Private Partnership (PPP) clinics.	DPSS has housing subsidies but no services for those who receive the subsidies.
Departmental impact of carving out or shifting existing services/programs to align within housing	<ul style="list-style-type: none"> <li>Use of SAPC's funds are regulated &amp; cannot shift unless client meets funding requirements.</li> <li>SAPC's funds (except Drug Medi-Cal) are already committed for prevention &amp; treatment svcs. Carving out or shifting programs &amp; funding would decrease the level of svcs currently provided in the community.</li> <li>Due to Affordable Care Act, significant changes may</li> </ul>	<ul style="list-style-type: none"> <li>DMH has been committed to providing services to the homeless population and supporting them in obtaining/maintaining housing for many years. We have accomplished this without carving out special funding.</li> <li>If DMH were to carve out funds to transfer to another Department, the funding would not be under the local mental health plan and would not be able to leverage Medi-Cal.</li> <li>In order to direct DMH contractors to serve the chronically homeless population, we would have to re-negotiate contracts, change the scope of work and guidelines for the programs which were developed through stakeholder input.</li> </ul>	Without additional funding for increasing PPP slots, providers would have fewer slots available at their clinics & services for existing patients could be impacted.	DPSS has no existing services.

COUNTY DEPARTMENTS				DPSS	
DPH SAPC		DMH	DHS	DPSS	
	occur in SAPT Block Grant distribution.	Discontinuing services to current clients in order to serve a new population would be considered abandonment.			
<i>Ideas for how these departmental resources could be provided in an integrated manner</i>	<ul style="list-style-type: none"> <li>Coordination with other County agencies to improve use of limited funding.</li> <li>Sharing of data across County agencies.</li> </ul>	Pilot project with SAPC carve out for substance abuse services where by SAPC contracts with the health service providers that will be providing the mental health services to residents of the MHSA Housing Program projects. This would prevent fragmentation of mental health and substance abuse services.	DHS could work with PPPs & permanent housing locations to identify opportunities for partnerships with housing & establish on-site satellite clinics and/or mobile clinics, which may require increasing PPP contracts, approving new PPP sites, allowing PPPs to redirect resources across SPAs, etc.	We suggest the first step should be to collaborate with all county partners listed on this chart to design one or more models of providing housing with services. Ideally, each partner would come to the table with what services or dollars they could contribute to the model.	
<i>Ideas for how to best procure these integrated services in a collaborative way</i>	Establish an MOU between County agencies.		Work with Community Clinic Association and other departments. Any proposed changes to PPP contracts need to take into account changes related to new 1115 waiver and would require Board approval.	None provided	
<i>Ideas for waiver activities that might include standard of care related to integrated services aligned with housing or demonstration project</i>	<ul style="list-style-type: none"> <li>Mobile Services</li> <li>Client-Centered Healthcare Homes</li> <li>Work with various models (e.g. cooperative, co-location, partial integration, full integration)</li> </ul>	Expansion of the Integrated Mobile Health Team that would target chronically homeless individuals that meet eligibility criteria for the 1115 waiver.	HWLA: homeless patients that meet the HWLA eligibility criteria could be assigned to DHS medical homes. Under the new waiver, HWLA benefits include physical health & mental health services. Medical home is responsible for care coordination & could work with other providers to coordinate care. There may be opportunities for DHS medical homes to align with housing.	None provided	
<i>Ideas for revenue maximization</i>	<ul style="list-style-type: none"> <li>While County agencies are willing to maximize resources &amp; revenues, restrictions on Federal &amp; State categorical funds for preventing &amp; treating SUD limits SAPC's flexibility.</li> <li>Use the DPH &amp; DHS healthcare system to access federal grants addressing</li> </ul>		<ul style="list-style-type: none"> <li>Expansion of benefits assistance programs to increase number of homeless individuals receiving SSI.</li> <li>Target potentially eligible homeless individuals who use DHS and DMH services for HWLA enrollment.</li> </ul>	None provided	

ATTACHMENT B

COUNTY DEPARTMENTS				
DPH (SAPC)	DMH	DHS	DPSS	
healthcare for homeless & integration of services				
<ul style="list-style-type: none"> <li>Use CalWORKs Homeless Project that collaborates with DMH, DPSS, DPH-SAPC, LAHSA</li> </ul>				

## ONGOING HOMELESS PREVENTION INITIATIVE PROGRAMS 2011

PROGRAM	CONTRACT/AGREEMENT TERM	ANNUAL FUNDING AMOUNT	ADMINISTERING AGENCY	OUTCOMES TO DATE	CHALLENGES IF NOT SUSTAINED
Homeless Services Funds (HSF) – Board Office discretionary funds	N/A (various agreements are currently funded via the HSF)	\$7.125 million	LAHSA and CEO	N/A	N/A
Homeless Family Access Center (HFAC) at Skid Row	N/A	\$1.4 million	CEO	5,824 have received health care	Access to services for homeless families at Skid Row would be significantly reduced.  A component of the Center for Community Health Downtown Los Angeles collaborative would no longer exist and families would not be served by County departments at the Center.
Homeless Court	Public Counsel 03/06/08 – 03/05/11 Superior Court 04/16/08 – 04/15/11	\$379K* Public Counsel: \$266,800 Superior Court: \$153,441	CEO	FY 2010-11: 1,430 individual clients & 4,560 individual cases have been filed. In addition: • 1,296 participants have had LAC citations or warrants dismissed • 46 placed into emergency housing • 957 case managers trained on the availability and benefits of the Program	Target population would have no means for paying citation/warrants and barriers to permanent housing, employment, education, and overall self sufficiency would be decreased.
Prototype Court/ Co-Occurring Disorders Court (CODC)	N/A (funds are passed through to DMH annually)	\$200K	CEO (DMH)	FY 2009-10: 101 individual clients linked to: • Education 18 • Job training/referrals 51 • Job placement 9 • Benefits Enrollment 147** • Alternative court 108 • Case management 105 • Health care/medical 83	If funding were discontinued, DMH would no longer be able to: assess potential clients; link the clients to the outpatient program (SSG); provide gate keeping services for the CODC FSP program; monitor the progress of the clients to ensure they are meeting the court order requirements; ensures all

## FOUR KEY STRATEGIES

### Strategy 1: Align Goals to Integrate Our System

We must create system-wide accountability by establishing consistent standards and measures of success, which are then carefully and regularly evaluated. This is only possible if we establish key benchmarks and set shared goals for quickly transitioning individuals into permanent housing with access to the supports they need to thrive.

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations & Responsible County Department(s)
Create common mission, benchmarks, and action steps to achieve goals and ensure accountability.	Sign on to Home For Good and agree to hold themselves and others accountable for ongoing implementation.	All Stakeholders	2010	N/A
	Release periodic progress reports on Home For Good implementation.	Task Force	2011-2015	
	Adopt goals to end chronic and veteran homelessness in 5 years and create access to permanent supportive housing in each region.	Board of Supervisors; Mayors/City Councils; All Stakeholders	2011	Recommendations 1 – 8 Board to adopt goals; CEO, DHS, DPH, DPSS, DMH, CDC & LAHSA
End homelessness throughout the region by supporting solutions in every community.	Combat NIMBYism by advocating in support of local permanent supportive housing and services and addressing community concerns.	United Way, partners, and faith community to mobilize community members	2011-2015	
Integrate the system by focusing on permanent housing outcomes.  Align Continuum of Care outcomes with requirements set forth in the HEARTH Act.	Align goals for services and housing providers to focus on rapid transitions to permanent housing with supportive services. Key principles for this work are outlined in Appendix C.	Task Force, in collaboration with public and private sector funders, providers, and faith community	2011	N/A
	Provide capacity building and technical assistance for organizations shifting to new permanent housing models.	United Way; Corporation for Supportive	2011-2015	



# ATTACHMENT D

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations & Responsible County Department(s)
		Housing; Common Ground; Enterprise Community Partners		Recommendation 1, 2, 4, 5, & 7 CEO, DHS, DPH, & CDC
	Adopt aligned goals determined during previous year and work together to coordinate services and housing in each region.	Services and housing providers, including faith community	2012	
	Craft funding opportunities that incentivize providers to adopt aligned goals.	Board of Supervisors; Continuums; Mayors/City Councils; Private sector funders	2012	
	Conduct periodic assessments of service providers' performance on aligned outcomes.	Task Force, with public and private sector funders	2012-2015	
Create vital linkages between law enforcement and homeless services system to ensure homeless individuals have access to services and housing.	Integrate law enforcement as a critical link between homeless individuals and homeless services and housing providers. 2011: Convene regional law enforcement and services and housing providers to create a plan to formalize linkages. 2012-2015: Implementation.	Task Force convenes; Cities/County law enforcement, and homeless services and housing providers implement	2011-2015	Sheriff, CEO, DMH, & LAHSA

# ATTACHMENT D

## Strategy 2: Collect and Share Data to Assess Need and Track Progress

Our work must begin with understanding the scope and nature of homelessness in order to plan and implement real housing solutions. By identifying and assessing the homeless population of each community, we will understand their individual and collective needs in order to more efficiently target housing and services to support them in re-integrating into communities.

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations and Responsible County Department(s)
Assess scope and nature of homelessness to target resources and track progress in census reductions each year.	Conduct annual Homeless Counts using consistent methodology, with enumeration of the 88 cities in L.A. County. 2011: 40% of cities; 2012: 60%; 2013: 80%; 2014: 90%; 2015: 100%	Continuums; Mayors/City Councils	2011-2015	N/A
	Compile by-name lists of everyone living on the streets and in shelters and assess for vulnerability. 2011: 20 communities; 2012: 30 communities; 2012: Integrate with Homeless Management Information System (HMIS).	Continuums; Providers, Cities, and community leaders	2011-2013	
	Increase volunteer participation in Homeless Counts and in other community efforts to end homelessness.	United Way, partners, and faith community to mobilize community members	2011-2015	
Track progress of individuals accessing housing and services and target housing and services resources.	Provide technical assistance and make improvements to the HMIS.	Continuums	2011-2015	Recommendation 8 CEO & LAHSA
	Implement HMIS to track progress of individuals and families receiving services. Baseline: 31%. 2011: 50%; 2013: 85%; 2015: 95%	Continuums; Emergency Shelter/ Transitional Housing Providers	2011-2015	
	Implement HMIS to track housing placements and stability and available housing resources. Baseline: 9%. 2011: 15%; 2013: 40%; 2015: 80%	Continuums; Permanent housing providers	2011-2015	
Improve scoring on McKinney Vento applications to HUD.				

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations and Responsible County Department(s)
Evaluate and learn from local data on homelessness and best practices in ending homelessness.	Oversee implementation of HMIS among public sector departments.	Continuums; Board of Supervisors; VA	2012-2015	N/A
	Share data across providers. 2011: 10%; 2013: 50%; 2015: 90%	Continuums; All providers	2011-2015	
	Support research of changing dynamics of homelessness and best practices in ending homelessness. Convene regular opportunities for providers to learn about best practices.	Private sector funders	2011-2015	
	Conduct research and serve as advisors around understanding nature of homelessness and best practices. Assess opportunities for new funding for permanent supportive housing through health care reform.	Homelessness Researchers and Experts	2011-2015	

### Strategy 3: Target and Reallocate Existing Resources to Maximize Impact

We can maximize impact by focusing our existing resources on access to permanent housing rather than investing in fragmented systems that have no alignment around goals.

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations and Responsible County Department(s)
<b>TARGETING HOUSING UNITS</b>				
Maximize permanent supportive housing resources by ensuring they are targeted to the most vulnerable and costly population.	Use funding mechanisms to incentivize permanent supportive housing providers to prioritize the most vulnerable and costly chronically homeless individuals for housing and to support the creation of supportive housing in every community.	Board of Supervisors; Mayors/City Councils; Continuums; Private sector funders	2011-2015	Recommendations 1, 2, 3, 4, 5, & 7 CEO, DHS, DPH, DPSS, DMH, CDC, & LAHSA

ATTACHMENT D

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations and Responsible County Department(s)
	Dedicate new and turnover permanent supportive housing units to chronically homeless individuals. Baseline: 43%. 2011: 60% of new/ turnover units; 2012: 75%; 2013-2015: 90%	Permanent supportive housing providers	2011-2015	
<b>IDENTIFY SERVICES FUNDS</b>				
Provide ongoing services for all units of permanent supportive housing. (See Appendix B for additional services funds needed for the 12,000 units of permanent supportive housing.)	Identify and allocate a portion of existing Departmental funding streams for mental health, health, and substance abuse services in permanent supportive housing.	Board of Supervisors	2011-2015	Recommendation 1, 2, 4, & 7 DMH, DPH, DHS
	September 2011: Identify existing resources and create plan for allocation. 2012-2015: Distribute funds.			
	Identify a portion of existing funding for case management and other services in permanent supportive housing. 2011: Identify existing resources and create plan for allocation. 2012-2015: Distribute funds.	Mayors/City Councils; Continuums	2011-2015	
	Identify a portion of existing services funds to contract to nonprofit services providers for veterans utilizing VASH vouchers. 2011: Identify existing resources and create plan for allocation. 2012-2015: Distribute funds.	VA	2011-2015	
Provide funding for innovations in permanent supportive housing.	Enroll individuals in Medicaid and build upon successful service delivery and payment models that use Medicaid as a payer for services in permanent supportive housing.	Housing and services providers	2011-2015	
	Provide funding to support innovations in housing placement and retention.	Private sector funders	2011-2015	N/A
Provide services to rapidly house all homeless populations, in alignment with HEARTH Act requirements.	Shift McKinney Vento funds to outcomes-based contracts, focused on permanent housing outcomes. 2011: Evaluate and create plan for transition;	Continuums	2011-2013	N/A

# ATTACHMENT D

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations and Responsible County Department(s)
	2013: plan fully executed.			
<b>TARGETING OPERATING SUBSIDIES</b>				
Provide housing subsidies for all chronically homeless individuals in permanent supportive housing.	Increase the portion of HOPWA and Section 8 vouchers dedicated to house chronically homeless individuals, and utilize all Shelter Plus Care and VASH vouchers for chronically homeless individuals in permanent supportive housing. (See Appendix B for a proposed breakdown of how existing subsidies can be used to meet the need for operating subsidies in permanent supportive housing.)	Housing Authorities	2011-2015	N/A
	Convert a portion of existing Section 8 and VASH vouchers from tenant-based to project-based vouchers for permanent supportive housing as needed in each community.	Housing Authorities	2011-2015	
	Ensure that local eligibility requirements for housing vouchers are no more restrictive for homeless individuals than HUD requires.	Housing Authorities	2011-2012	
	Enroll chronically homeless individuals in appropriate entitlement benefits, including SSI and VA benefits, as applicable. Increase approval rate of SSI applications from 40% in 08-09 to 70% in 12-13.	DPSS, DMH, DHS, VA, Providers	2011-2015	Recommendations 1, 4, & 6 DPSS, DMH, & DHS
Increase individuals' income. Shift individual subsidy from County budget to federal source when possible.	Fully implement the restructuring of the General Relief program, to include 10,000 rental subsidies for homeless individuals by 2014.	Board of Supervisors, DPSS	2011-2014	Recommendations 1 & 6
	Convert a portion of existing temporary housing funding (per-diem funds) to support innovative transition in place programs.	VA	2012-2015	DPSS
<b>TARGETING CAPITAL FUNDS</b>				
Provide capital funds to help fund 500 new construction and rehab units per year.	Continue the City of Los Angeles Permanent Supportive Housing Program and City of Industry Special Needs Housing Programs at current capital and project-based rental subsidy levels.	LAHD; LA County CDC	2011-2015	Recommendation 1 CDC

ATTACHMENT D

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations and Responsible County Department(s)
	Set aside at least 20% of all affordable housing funds for permanent supportive housing, including HOME, redevelopment tax increment low-moderate income housing set-aside funds and Neighborhood Stabilization Program funds.	City and County Housing Departments and Redevelopment Agencies	2012-2015	
	Reduce regulatory and zoning restrictions that add onerous capital costs for permanent supportive housing developers.	Mayors/ City Councils	2012-2015	
	TARGETING STATE AND FEDERAL RESOURCES			
Increase local funds from State and Federal sources to provide permanent housing with access to supportive services.	Advocate for increased and targeted state and federal resources for the region. Advocacy will include revision of the federal funding formula to ensure more equitable distribution of federal funds, targeted housing voucher and capital funds programs, establishing affordable housing trust funds, establishing a state interagency council on homelessness, and other critical state and federal policy.	Task Force, in partnership with all Stakeholders	2011-2015	N/A
	Mobilize the business community to advocate on homelessness policy priorities through annual Access Sacramento and Access DC.	LA Area Chamber of Commerce	2011-2015	N/A

**Strategy 4: Coordinate Resources to Streamline Permanent Supportive Housing Funding**

When public, private, local and national funding systems work together to invest in comprehensive services and housing solutions, everyone's return on investment is maximized and best practices that improve our communities can be brought to scale sooner.

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations and Responsible County Department(s)
Coordinate distribution of capital, operating and services dollars for permanent supportive housing.  Shorten development timeline.	Establish Memoranda of Understanding (MOUs) between local cities and the County to dedicate and align local funds for permanent supportive housing.	Board of Supervisors; Mayors/City Councils/ City Departments; Housing Authorities	2011	Recommendations 1, 4, 5, 6, & 7 CEO, DHS, DPH, DPSS, DMH, CDC, & LAHSA
	Align distribution of Cities/County capital, operating, and services funds for permanent supportive housing.	Board of Supervisors; Mayors/City Councils/ City Departments; Housing Authorities	2012-2015	
	Align distribution of philanthropic funds for capital, operating, and services funds for permanent supportive housing, in collaboration with public sector funders.	Private sector funders	2012-2015	Recommendations 1 – 8 CEO, DHS, DPH, DPSS, DMH, CDC, & LAHSA
Streamline funds to better coordinate and invest in local solutions.	Advocate for federal initiatives that streamline funding.	Task Force, in partnership with all stakeholders	2011-2015	N/A
	Mobilize the business community to advocate on homelessness policy priorities through annual Access Sacramento and Access DC.	LA Area Chamber of Commerce	2011-2015	